

November 10

12e - Work per DSI 9/13/14 17-6-6

Work Order ID 149704

Tuesday, July 26, 2016 3:53:04 PM

\*149704\*

U/R

OK 9/16/17

DAS 03 9-89

Page 1

Item ID: D119-646-241  
Revision ID: URF 15-560  
Item Name: Replacement Skidtube with Run-on Landing Wearplates, Fits LH or RH  
Start Date: 8/12/2016 Start Qty: 1.00  
Required Date: 8/17/2016 Req'd Qty: 1.00  
Reference:

\*N900040100\*

Setup Start \*NS1\*  
Stop \*NS2\*

Cust Item ID:  
Customer:

Approvals: Process Plan: em Date: 16/07/26 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*  
Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr     | Revision Nbr |
|--------------|--------------|
| D3887-045    | D            |
| IIN-D119-646 | C            |

100 Document Control 0.00

\*100\*

DC

Doc.Control -USB or Paperwork

Memo

Photocopy bluefile & type labels per PPP D119-646-241

CHG003

005

DAS 27 9-89

AUG 25 2017

110 0.00

\*110\*

Skidtubes

Skidtubes

Memo

- 1- inspect Mat'L D2500-1-190 for damage  
2-Cut tube to length as per dwg D3887 (154.8")  
3- Ensure squareness of ends and scribe batch#

0.07

16-10-13

6

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|--------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                                                                                    |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | MRB (QSI042) Approval |                                                                                                                    |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                       | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                       |                                                                                                                    |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                       |                                                                                                                    |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                       |                                                                                                                    |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                       |                                                                                                                    |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                                                                                                    |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                       |                                                                                                                    |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                       |                                                                                                                    |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                       |                                                                                                                    |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                       |                                                                                                                    |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                       |                                                                                                                    |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
|                                                              |                                                | OTHER :                                                                                                                                                                            |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |

**Work Order ID 149704**

Tuesday, July 26, 2016 3:53:04 PM

**\*149704\***

Page 2

Item ID: D119-646-241 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: URF 15-560 Stop **\*NS2\***  
Item Name: Replacement Skidtube with Run-on Landing Wearplates, Fits LH or RH  
Start Date: 8/12/2016 Start Qty: 1.00 **\*1\*** Cust Item ID:  
Required Date: 8/17/2016 Req'd Qty: 1.00 **\*1\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID               | Operation<br>Description                      | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp    |
|----------------------------------------------|-----------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|-------------------|
| 120                                          | Chemical Conversion Coat per QSI005 4.1       | 0.00                 |         |        |              |               |               |                  |                   |
| <b>*120*</b><br>HandFinish<br>Hand Finishing | Memo                                          | 0.07                 |         |        |              | (X)1          | 0             |                  | 2016/10/18<br>BET |
| 121                                          | QC7-Inspect Chemical Conversion Coat          | 0.00                 |         |        |              |               |               |                  |                   |
| <b>*121*</b><br>QC<br>Quality Control        | Memo                                          | 0.00                 |         |        |              | 1             | 0             | 16-10-19         | DAS<br>19<br>9-30 |
| 122                                          | QC5- Inspect part completeness to step on W/O | 0.00                 |         |        |              |               |               |                  |                   |
| <b>*122*</b><br>QC<br>Quality Control        | Memo                                          | 0.00                 |         |        |              | 1             | 0             | 16-10-19         | DAS<br>18<br>9-30 |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |  |                                                                                                                                                            |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  | <b>MRB (QSI042) Approval</b><br><br>Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____ |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                            |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                            |  |



**Work Order ID 149704**

Tuesday, July 26, 2016 3:53:04 PM

**\*149704\***

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Item ID: D119-646-241 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: URF 15-560 Stop **\*NS2\***  
Item Name: Replacement Skidtube with Run-on Landing Wearplates, Fits LH or RH  
Start Date: 8/12/2016 Start Qty: 1.00 **\*1\*** Cust Item ID:  
Required Date: 8/17/2016 Req'd Qty: 1.00 **\*1\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 130                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0.00                 |         |        |              |               |               |                  |                |
| <b>*130*</b><br>Skidtubes      | <b>Memo</b><br>1- Install drill Jig DT9477 drill X-bolt spacer pilot holes using 3/16" drill first side only.<br>2- 2nd side, locating from first saddle holes use DT9861 A/B to drill 2nd side fwd saddle holes.<br>3- 2nd side locating from fwd saddle drill remaining crossbolt spacer holes using DT9477<br>4- Open crossbolt spacer holes to finished size as per dwg D3887 (section D-D and E-E) ***DO NOT OPEN FWD Saddles Holes***<br>5- Deburr, blow out chips from inside of tube.<br>6- Bond web in place as per Dwg D3887 & QSI 015.<br>A/R Sikaflex-291 <u>8135772</u><br>Sikaflex expire date: <u>17-02-16</u><br>Start: _____ Time: <u>10:40</u><br>Finish: _____ Time: <u>11:45</u><br>***** (Adhere for 12 hours) ***** | 0.16                 |         |        |              |               |               |                  |                |

16-10-19 16-10-20 

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |  |                                                                                                                                                            |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  | <b>MRB (QSI042) Approval</b><br><br>Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____ |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                            |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                            |  |

**Work Order ID 149704**

Tuesday, July 26, 2016 3:53:04 PM

**\*149704\***

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Item ID: D119-646-241 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: URF 15-560 Stop **\*NS2\***  
Item Name: Replacement Skidtube with Run-on Landing Wearplates, Fits LH or RH  
Start Date: 8/12/2016 Start Qty: 1.00 **\*1\*** Cust Item ID:  
Required Date: 8/17/2016 Req'd Qty: 1.00 **\*1\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                      | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|-----------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 135                            | QC5- Inspect part completeness to step on W/O | 0.00                 |         |        |              |               |               |                  |                |
| <b>*135*</b>                   |                                               |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                          | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                               |                      |         |        |              |               |               |                  |                |

DAS  
18  
9-89

/ 0 16-10-21



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|--------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                                                                                    |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QSI042) Approval |                                                                                                                    |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                       |                                                                                                                    |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                       |                                                                                                                    |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                       |                                                                                                                    |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                       |                                                                                                                    |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                                                                                                    |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                       |                                                                                                                    |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                       |                                                                                                                    |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                       |                                                                                                                    |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                       |                                                                                                                    |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                       |                                                                                                                    |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
|                                                              |                                                | OTHER :                                                                                                                                                                            |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |

**Work Order ID 149704**

Tuesday, July 26, 2016 3:53:04 PM

**\*149704\***

Page 5

Item ID: D119-646-241 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: URF 15-560 Stop **\*NS2\***  
Item Name: Replacement Skidtube with Run-on Landing Wearplates, Fits LH or RH  
Start Date: 8/12/2016 Start Qty: 1.00 **\*1\*** Cust Item ID:  
Required Date: 8/17/2016 Req'd Qty: 1.00 **\*1\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                                                                 | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 140                            |                                                                                                                          | 0.01                 |         |        |              |               |               |                  |                |
| <b>*140*</b>                   |                                                                                                                          |                      |         |        |              |               |               |                  |                |
| Skidtubes                      |                                                                                                                          |                      |         |        |              |               |               |                  |                |
| Skidtubes                      |                                                                                                                          |                      |         |        |              |               |               |                  |                |
|                                | <b>Memo</b>                                                                                                              | 0.17                 |         |        |              |               |               |                  |                |
|                                | 1- Bend FWD end of tube using bender 1 and bend prog. D3887.***Must use bending aid DT9544, ensure proper positioning*** |                      |         |        |              |               |               |                  |                |
|                                | 2- Cut FWD end of tube as per dwg D3887.***Verify measurement***                                                         |                      |         |        |              |               |               |                  |                |
|                                | 3- Buff out marks left from bending                                                                                      |                      |         |        |              |               |               |                  |                |
|                                | 4- Drill FWD cap holes using DT8215. Open FWD & AFT cap holes to 0.208"                                                  |                      |         |        |              |               |               |                  |                |
|                                | 5- Open FWD saddle holes to finished size as per dwg D3887                                                               |                      |         |        |              |               |               |                  |                |
|                                | 6- Drill FWD x-bolt spacer holes using DT9816 and open to finished size.(verify measurement)                             |                      |         |        |              |               |               |                  |                |
|                                | 7- Drill Tow ring hole, using DT10047 locate from FWD saddle hole. (verify measurement). Open to finished size.          |                      |         |        |              |               |               |                  |                |
|                                | 8- Drill 1.87" and 3.74 holes using DT10045 A&B locate from FWD saddle hole. (verify measurement) as per dwg.            |                      |         |        |              |               |               |                  |                |
|                                | 9- C'sink FWD cap hole as per detail "C"                                                                                 |                      |         |        |              |               |               |                  |                |
|                                | 10- Countersink crossbolt spacer holes, and prepare tube for welding, deburr.                                            |                      |         |        |              |               |               |                  |                |
|                                | 11- Deburr and blow out chips from inside of tube.                                                                       |                      |         |        |              |               |               |                  |                |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> |  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> |  | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |



**Work Order ID 149704**

Tuesday, July 26, 2016 3:53:04 PM

**\*149704\***

Page 6

Item ID: D119-646-241 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: URF 15-560 Stop **\*NS2\***  
Item Name: Replacement Skidtube with Run-on Landing Wearplates, Fits LH or RH  
Start Date: 8/12/2016 Start Qty: 1.00 **\*1\*** Cust Item ID:  
Required Date: 8/17/2016 Req'd Qty: 1.00 **\*1\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                      | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp    |
|--------------------------------|-----------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|-------------------|
| 150                            | QC5- Inspect part completeness to step on W/O | 0.00                 |         |        |              |               |               |                  | DAS<br>18<br>9-89 |

**\*150\***

QC

Memo

0.00

Quality Control

1 0 16-10-27

160

0.00

**\*160\***

Skid tubes

Memo

0.19

NOTE: TACK IN 2 MOST FWD X-BOLT SPACERS AND TEST FIT FWD  
GROUND HANDLING FIXTURE, IF FIXTURE FITS WELL THEN  
PROCEED. FIXTURE DT10091.

1-Insert crossbolt spacers. Weld as per QSI 004 and Dwg D3887. Remember to  
back drill each hole before welding the other side. Use aluminum rod  
A/RAluminum Rod M134026

2-Grind cross bolt welds flush as per Dwg D3887. Ensure no pin hole.

3-Counterbore x-bolt spacer holes as per Dwg D3887.

4-Deburr and blow out chips from inside of tub

- Remove alt Cap  
- Remove per DSI  
DP 17-6-4

DAS  
03  
9-89

Re-weld per  
DSI 9734  
17-6-4

BE 16-10-31

BE 16-10-31

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |                                                 |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                   |                                                 |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |                                                 |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                   |                                                 |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |                                                 |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |                                                 |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   | Completed By                                    |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   | Lead hand / Supervisor<br>Approval Verification |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   | QC / QA Coordinator<br>Approval                 |  |

| Root Cause                                  |                                                |                                                 |                                                            | FAULT CATEGORY                                 |                                               |  |  |
|---------------------------------------------|------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|--|--|
| Environment <input type="checkbox"/>        | <input type="checkbox"/> No Re-verification    | <input type="checkbox"/> Pressure/Forced        | <input type="checkbox"/> Temperature/Cure                  | <input type="checkbox"/> Power Loss/Surge      | <input type="checkbox"/> Positioned Wrong     |  |  |
| Design <input type="checkbox"/>             | <input type="checkbox"/> Operator              | <input type="checkbox"/> Bending                | <input type="checkbox"/> Set-up                            | <input type="checkbox"/> Folio/Program         | <input type="checkbox"/> Outside Dimensions   |  |  |
| Doc/Data <input type="checkbox"/>           | <input type="checkbox"/> Offset/Setup          | <input type="checkbox"/> Centre Not Concentric  | <input type="checkbox"/> BOM/Route                         | <input type="checkbox"/> Grain                 | <input type="checkbox"/> Over/Under tolerance |  |  |
| Equip/Tooling <input type="checkbox"/>      | <input type="checkbox"/> Supplier              | <input type="checkbox"/> Cracks                 | <input type="checkbox"/> Broken/Damage/Defect              | <input type="checkbox"/> Weld                  | <input type="checkbox"/> Part Incorrect       |  |  |
| Handling/Pre <input type="checkbox"/>       | <input type="checkbox"/> Training              | <input type="checkbox"/> Crimp/Kink/Ripple/Wave | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled    | <input type="checkbox"/> Part Lost/Missing    |  |  |
| Material <input type="checkbox"/>           | <input type="checkbox"/> Use for Testing       | <input type="checkbox"/> Cuffs                  | <input type="checkbox"/> Contamination                     | <input type="checkbox"/> Out of Sequence       | <input type="checkbox"/> Part Moved           |  |  |
| Internal Transport <input type="checkbox"/> | <input type="checkbox"/> Poor Information      | <input type="checkbox"/> Crushing               | <input type="checkbox"/> Countersink                       | <input type="checkbox"/> Off-set               | <input type="checkbox"/> Drawing              |  |  |
| Tribal Knowledge <input type="checkbox"/>   | <input type="checkbox"/> Rushing               | <input type="checkbox"/> Heat Treat             | <input type="checkbox"/> Cut Too Short                     | <input type="checkbox"/> Mislabeled            | <input type="checkbox"/> Finish               |  |  |
| LOA <input type="checkbox"/>                | <input type="checkbox"/> Product Improvement   | <input type="checkbox"/> Wave/Twist in Tube     | <input type="checkbox"/> Instructions Incomplete/Unclear   | <input type="checkbox"/> Fit/Function          | <input type="checkbox"/> Misread              |  |  |
| Substation <input type="checkbox"/>         | <input type="checkbox"/> Process Improvement   | <input type="checkbox"/> Marks/Chatter          | <input type="checkbox"/> Drill Holes                       | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Turning Sequence     |  |  |
| Past Expiry Date <input type="checkbox"/>   | <input type="checkbox"/> Manufacturing Process | <b>OTHER :</b> _____                            |                                                            |                                                |                                               |  |  |
| Misidentified <input type="checkbox"/>      | <input type="checkbox"/> Past Due              |                                                 |                                                            |                                                |                                               |  |  |

**Work Order ID 149704**

Tuesday, July 26, 2016 3:53:04 PM

**\*149704\***

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Item ID: D119-646-241  
Revision ID: URF 15-560  
Item Name: Replacement Skidtube with Run-on Landing Wearplates, Fits LH or RH  
Start Date: 8/12/2016 Start Qty: 1.00  
Required Date: 8/17/2016 Req'd Qty: 1.00  
Reference:

Accept

**\*N900040100\***Setup Start **\*NS1\***Stop **\*NS2\***

Cust Item ID:

Customer:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***Stop **\*NR2\***

| Sequence ID/<br>Work Center ID                      | Operation<br>Description                                                                     | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp                   |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------------------------|
| 170<br><b>*170*</b><br>QC<br>Quality Control        | QC5- Inspect part completeness to step on W/O<br><br>Memo<br>TEST FIT USING FIXTURE DT10091. | 0.00<br><br>0.06     |         |        |              | 1             |               |                  | DAS<br>38<br>9-89<br>NOV 03 2016 |
| 180<br><b>*180*</b><br>QC<br>Quality Control        | QC10- Inspect visual per QSI004- ground welds<br><br>Memo                                    | 0.00<br><br>0.00     |         |        |              | 1             |               |                  | DAS<br>38<br>9-89<br>NOV 03 2016 |
| 190<br><b>*190*</b><br>HandFinish<br>Hand Finishing | Pressure Wash per QSI005 4.3<br><br>Memo                                                     | 0.00<br><br>0.10     |         |        |              | (X1)          |               |                  | 2016/11/04<br>BEB                |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  |                                              |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |  |                                              |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |  | Completed By                                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  | Lead hand / Supervisor Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  | QC / QA Coordinator Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  |                                              |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  |                                              |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |  |                                              |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |  |                                              |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |  |                                              |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |  |                                              |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |  |                                              |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |  |                                              |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |  |                                              |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |  |                                              |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |  |                                              |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |  |                                              |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  |                                              |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  |                                              |  |

# Work Order ID 149704

Tuesday, July 26, 2016 3:53:04 PM

**\*149704\***

Page 8

Item ID: D119-646-241 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: URF 15-560 Stop **\*NS2\***  
 Item Name: Replacement Skidtube with Run-on Landing Wearplates, Fits LH or RH  
 Start Date: 8/12/2016 Start Qty: 1.00 **\*1\*** Cust Item ID:  
 Required Date: 8/17/2016 Req'd Qty: 1.00 **\*1\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID                      | Operation<br>Description                                                                                                                                                                                                                                                                                   | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp     |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|--------------------|
| 200<br><b>*200*</b><br>Powdercoat<br>Powder Coating | White Gloss(Ref:4.3.5.1) per QSI005 4.3-Alum<br><i>M 135418</i><br><i>★</i><br><i>SEE Attached</i><br>Memo<br>START TIME: <i>8:05</i><br>OVEN TEMPERATURE: <i>320</i><br>FINISH TIME: <i>8:35</i>                                                                                                          | 0.00<br>0.04         |         |        |              | <i>1</i>      | <i>0</i>      | <i>16-12-02</i>  | <i>DAS 34 9-89</i> |
| 210<br><b>*210*</b><br>QC<br>Quality Control        | QC3- Inspect Part Finish<br><br>Memo                                                                                                                                                                                                                                                                       | 0.00<br>0.00         |         |        |              | <i>1341</i>   | <i>0</i>      | <i>16-12-15</i>  | <i>DAS 15 9-89</i> |
| 240<br><b>*240*</b><br>HandFinish<br>Hand Finishing | 1-Install wearplates as per Dwg D3887.<br>2-Inspect for foreign objects as per QSI 024<br>3-Install Aft Cap and seal with Sikaflex. Clean excess adhesive.<br>A/R Sikaflex-240/-291 <i>11136093</i><br>Sikaflex expire date: <i>12/01</i><br><i>Re-work per DSI 9734</i><br><i>★</i><br><i>DAS 03 9-89</i> | 0.00<br>0.16         |         |        |              | <i>1341</i>   | <i>0</i>      | <i>16-12-15</i>  |                    |

*- Re-install cap w/ Some hardware.*

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |  |                                                                                                                                                            |  |
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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                                                                                                            |  |
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| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                            |  |
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Work Order ID 149704

\*149704\*

Page 9

Tuesday, July 26, 2016 3:53:04 PM

Item ID: D119-646-241  
Revision ID: URF 15-560  
Item Name: Replacement Skidtube with Run-on Landing Wearplates, Fits LH or RH  
Start Date: 8/12/2016 Start Qty: 1.00  
Required Date: 8/17/2016 Req'd Qty: 1.00  
Reference:

Accept

\*N900040100\*

Setup Start \*NS1\*

Stop \*NS2\*

Cust Item ID:

Customer:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description                      | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|-----------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 250                            | QC5- Inspect part completeness to step on W/O | 0.00                 |         |        |              |               |               |                  |                |
| *250*                          |                                               |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                          | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                               |                      |         |        |              |               |               |                  |                |
| 255                            | Wing Walk as per dwg QSI005 4.4 Batch         | 0.00                 |         |        |              |               |               |                  |                |
| *255*                          |                                               |                      |         |        |              |               |               |                  |                |
| HandFinish                     | Memo                                          | 0.06                 |         |        |              |               |               |                  |                |
| Hand Finishing                 |                                               |                      |         |        |              |               |               |                  |                |
| 256                            | QC3- Inspect Part Finish                      | 0.00                 |         |        |              |               |               |                  |                |
| *256*                          |                                               |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                          | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                               |                      |         |        |              |               |               |                  |                |

① 16-12-20 PD

113H of 20 16/12/14

① 16-12-20 PD

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |  |                                                                                                                                                               |  |
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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                                                                                                               |  |
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| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                               |  |
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**Cust Item ID:**  
**Customer:**

AUG 25 2017



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                                                                                                |  |
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| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                |  |
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# Picklist Print

Tuesday, July 26, 2016 3:53:04 PM

Page 1

Work Order ID: 149704

**\*149704\***

Parent Item: D119-646-241

**\*D119-646-241\***

Parent Item Name: Replacement Skidtube with Run-on Landing Wearplates, Fits LH or RH

Start Date: 8/12/2016

Required Date: 8/17/2016

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP RevA: New issue DD verified by:EC  
12.11.05 (DEOD3887-B-1)(ecm 12-675) DD verf:JLM IPP REV:C 13.03.20  
per chg003 ECN13-534 DD verf:JLM IPP REVB

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

D2500-1-190

Manufactured No

110

Each

87.0000

1

1

**\*D2500-1-190\***

Ext'n - 'I' Beam Tube 4"

\*\*

16-10-13

Location

Loc Qty

Loc Code

HALL

84

145247

84

LG002

3

140538

3

D2579

Manufactured No

140

Each

159.0000

2

2

**\*D2579\***

Crossbolt Spacer

\*\*

BE 16-10-27

Location

Loc Qty

Loc Code

LG001

159

123997

1

141711

158

D2855-3

Manufactured No

240

Each

90.0000

2

2

**\*D2855-3\***

Cap

\*\*

16/12/16

Location

Loc Qty

Loc Code

FP001

90

142564

90

1315164

xl

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                                                                                                               |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |  |                                                                                                                                                               |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | <b>MRB (QSI042) Approval</b><br><br><b>Completed By</b><br><br><b>Lead hand / Supervisor Approval Verification</b><br><br><b>QC / QA Coordinator Approval</b> |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                                                                                                               |  |
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| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div>             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Misabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div>             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                                                                                                               |  |
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# Picklist Print

Page 2

Tuesday, July 26, 2016 3:53:04 PM

Work Order ID: 149704

**\*149704\***

Parent Item: D119-646-241

**\*D119-646-241\***

Parent Item Name: Replacement Skidtube with Run-on Landing Wearplates, Fits LH or RH

Start Date: 8/12/2016

Required Date: 8/17/2016

Start Qty: 1.00

Required Qty: 1.00

D3672-1 Manufactured No

240 Each 982.0000 2 2

**\*D3672-1\***

Washer, Phenolic

\*\*

*all 16/12/16*

| Location      | Loc Qty | Loc Code  |
|---------------|---------|-----------|
| FG            | 10      |           |
| 85222         | 10      |           |
| FP001         | 472     |           |
| 112218        | 4       |           |
| <u>134785</u> | 468     | <i>x2</i> |
| ST049         | 500     |           |
| 147077        | 500     |           |

D3681-1 Manufactured No

160 Each 172.0000 8 8

**\*D3681-1\***

Spacer

\*\*

*BE16-10-27  
B151967x8*

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| LG001    | 172     |          |
| 145956   | 60      |          |
| 147557   | 112     |          |

D3849-041 Manufactured No

240 Each 4.0000 1 1

**\*D3849-041\***

Run-On Landing Wearplate Fwd for Standard Skid tubes

\*\*

*all 16/12/16*

| Location | Loc Qty | Loc Code       |
|----------|---------|----------------|
| FP002    | 4       | <i>B150326</i> |
| 133876   | 4       | <i>x1</i>      |

D3849-043 Manufactured No

240 Each 0.0000 1 1

**\*D3849-043\***

Run-On Landing Wearplate Aft for Standard Skid tube

\*\*

*B150110 (x1) all 16/12/16*

Tuesday, July 26, 2016 3:53:04 PM

Shop Packet Print

Page 2

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |  |                                                                                                                                                            |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  | <b>MRB (QSI042) Approval</b><br><br>Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____ |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                                                                                                            |  |
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| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                                                                                                            |  |
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# Picklist Print

Page 3

Tuesday, July 26, 2016 3:53:04 PM

Work Order ID: 149704

**\*149704\***

Parent Item: D119-646-241

**\*D119-646-241\***

Parent Item Name: Replacement Skidtube with Run-on Landing Wearplates, Fits LH or RH

Start Date: 8/12/2016

Required Date: 8/17/2016

Start Qty: 1.00

Required Qty: 1.00

D3885-1      Manufactured      No      140      Each      31.0000      1      1

**\*D3885-1\***

**\*\***

Standard Web

Location      Loc Qty      Loc Code

LG002

31

142573

6

146232

25

D3903-1      Manufactured      No      160      Each      105.0000      12      12

**\*D3903-1\***

**\*\***

Spacer

Location      Loc Qty      Loc Code

LG001

105

142730

105

D3904-1      Manufactured      No      240      Each      176.0000      16      16

**\*D3904-1\***

**\*\***

Washer

Location      Loc Qty      Loc Code

FP001

176

133289

76

141452

100

16-10-28 DJT

8/16/10-27  
8/15/028/12

16/12/16

X16

Tuesday, July 26, 2016 3:53:04 PM

Shop Packet Print

Page 3



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |  |                                                                                                                                                            |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | <b>MRB (QSI042) Approval</b><br><br>Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____ |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                                                                                                            |  |
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| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div>             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Misabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div>             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                                                                                                            |  |
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# Picklist Print

Tuesday, July 26, 2016 3:53:04 PM

Page 4

Work Order ID: 149704

**\*149704\***

Parent Item: D119-646-241

**\*D119-646-241\***

Parent Item Name: Replacement Skidtube with Run-on Landing Wearplates, Fits LH or RH

Start Date: 8/12/2016

Required Date: 8/17/2016

Start Qty: 1.00

Required Qty: 1.00

AN3C5A

Purchased

No

240

Each

1,258.000

2

2

**\*AN3C5A\***

Bolt

**\*\***

*ll 16/12/16*

Location

Loc Qty

Loc Code

FG

5

*M136047*

*x7*

122800

5

FP001

80

M134502

80

OVER002

900

M134955

300

M135297

600

ST350

273

M133234

1

M134676

272

AN3C46A

Purchased

No

240

Each

246.0000

8

8

**\*AN3C46A\***

Bolt

**\*\***

*ll 16/12/16*

Location

Loc Qty

Loc Code

FG

10

*M136058*

*x8*

122843

10

OVER002

140

134795

70

M134794

70

ST346

96

M132522

33

M133917

13

M134591

50

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Shop Packet Print

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DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |  |                                                                                                                                                            |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | <b>MRB (QSI042) Approval</b><br><br>Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____ |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                                                                                                            |  |
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| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div>             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div>             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                                                                                                            |  |



# Picklist Print

Page 5

Tuesday, July 26, 2016 3:53:04 PM

Work Order ID: 149704

**\*149704\***

Parent Item: D119-646-241

**\*D119-646-241\***

Parent Item Name: Replacement Skidtube with Run-on Landing Wearplates, Fits LH or RH

Start Date: 8/12/2016

Required Date: 8/17/2016

Start Qty: 1.00

Required Qty: 1.00

MS21043-3

Purchased

No

240

Each

864.0000

8

8

**\*MS21043-3\***

**\*\***

Nut

Location

Loc Qty

Loc Code

FG

80

M136182

80

103691

80

FP001

11

m130673

11

GA

237

m133990

237

OVER007

400

m135058

400

ST302

30

m134861

30

ST304

106

m131340

106

MS24694-C52

Purchased

No

Each

53.0000

2

**\*MS24694-C52\***

**\*\***

SCREW

Location

Loc Qty

Loc Code

FP001

47

M135978

47

m127059

17

m133855

30

ST287

6

124308

6

Tuesday, July 26, 2016 3:53:04 PM

Shop Packet Print

Page 5

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

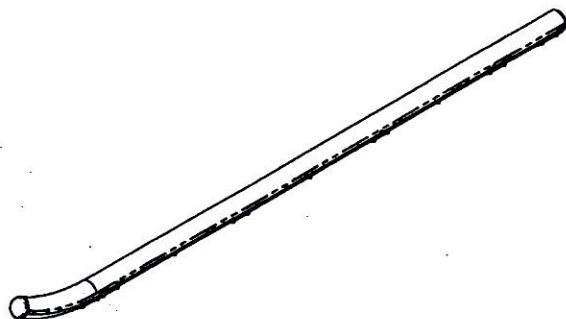
## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                                                            |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                                                                                                                                            |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   | <b>MRB (QSI042) Approval</b><br><br>Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____ |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                 |                                   |                                                                                                                                                            |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
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|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                                                            |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                                                            |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>                                                                                                                           | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____ |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                                                            |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |



**D3887-041 STANDARD SKIDTUBE ASSY WITH WEARPAD (SHOWN)**  
**D3887-043 STANDARD SKIDTUBE ASSY WITH WEAPLATE (SIMILAR)**  
**D3887-045 STANDARD SKIDTUBE ASSY WITH TRAINING WEARPLATE (SIMILAR)**

#### NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1 PRIOR TO INSERTING D3885-1 WEB  
POWDER COAT "WHITE" (4.3.5.1) PER DART QSI 005 4.3  
BLACK ANTI-SKID PAINT AS INDICATED TO 0.5 ABOVE LOCATION RIDGE PER DART QSI 005 4.4
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: D3887-041 = 32.0 lbs  
D3887-043 = 37.0 lbs  
D3887-045 = 38.1 lbs
- 8) WELD PER DART QSI 004
- 9) DAMAGE TOLERANCE ON FWD BEND:  
THERE SHOULD BE NO VISIBLE WRINKLES IN THE BEND FROM THE GROUND TO A HEIGHT OF 8.5 INCHES ABOVE THE GROUND. IT IS ACCEPTABLE TO POLISH OUT GOUGES UP TO 0.020" DEEP IN THE BENT PORTION OF THE TUBE. A MAXIMUM REDUCTION IN DIAMETER OF 0.150" IS ACCEPTABLE IN THE BENT PORTION OF THE TUBE.
- 10) INSERT D3885-1 WEB TO LOCATION SHOWN OFF AFT END OF SKIDTUBE AND BOND WEB INTO OUTER TUBE WITH SIKAFLEX-241/-291 ADHESIVE PER DART QSI 015 BEFORE BENDING. ENSURE HOLES LINE-UP
- 11) INSERT D3492-045 PLUG ASSY INTO Ø0.197 HOLES (BOTH SIDES OF TUBE)
- 12) USE DART DRILL TEMPLATE DT8931 TO LOCATE AND DRILL Ø0.297 HOLES FOR WEARPLATE INSERTS. INSTALL AELS-1032-130 INTO D3887-11 ONLY. INSTALL AN3C5A BOLTS AND NAS1149C0332R WASHERS WITH SIKAFLEX-241/-291.

| ITEM | QTY<br>-041 | QTY<br>-043 | QTY<br>-045 | P/N           | DESCRIPTION                               |
|------|-------------|-------------|-------------|---------------|-------------------------------------------|
| 1    | X           |             |             | D3887-041     | STD SKIDTUBE ASSY WITH WEARPAD            |
| 2    |             | X           |             | D3887-043     | STD SKIDTUBE ASSY WITH WEARPLATE          |
| 3    |             |             | X           | D3887-045     | STD SKIDTUBE ASSY WITH TRAINING WEARPLATE |
| 10   | 2           | 2           | 2           | D2579         | CROSS BOLT SPACER                         |
| 11   | 2           | 2           | 2           | D2855-3       | CAP                                       |
| 12   | 16          | 16          |             | D3492-045     | PLUG ASSY                                 |
| 13   | 2           | 2           | 2           | D3672-1       | PHENOLIC WASHER                           |
| 14   | 8           | 8           | 8           | D3681-1       | SPACER                                    |
| 17   | 5           | 5           |             | D3847-1       | WEARPAD                                   |
| 18   | 1           | 1           |             | D3847-11      | AFT WEARPAD                               |
| 19   |             | 1           |             | D3847-043     | FWD WEARPLATE ASSY                        |
| 20   |             | 1           |             | D3847-046     | CENTER WEARPLATE ASSY                     |
| 21   |             | 1           |             | D3847-047     | AFT WEARPLATE ASSY                        |
| 22   |             |             | 1           | D3849-041     | FWD TRAINING WEARPLATE ASSY               |
| 23   |             |             | 1           | D3849-043     | AFT WEARPLATE ASSY                        |
| 24   | 1           | 1           | 1           | D3885-1       | STANDARD WEB                              |
| 25   | 1           | 1           |             | D3887-11      | STANDARD SKIDTUBE                         |
| 26   |             |             | 1           | D3887-13      | STANDARD SKIDTUBE                         |
| 27   | 12          | 12          | 12          | D3803-1       | SPACER                                    |
| 28   |             |             | 16          | D3904-1       | WASHER                                    |
| 41   | 30          | 30          |             | ALS4-1032-130 | INSERT                                    |
| 42   | 32          | 32          | 2           | AN3C5A        | BOLT                                      |
| 43   |             |             | 8           | AN3C48A       | BOLT                                      |
| 44   | 32          | 32          |             | NAS1149C0332R | WASHER (OR AN980C10L)                     |
| 45   |             |             | 8           | MS21043-3     | NUT                                       |
| 46   | 2           | 2           | 2           | MS24894-C52   | SCREW                                     |

**RELEASED**

2014 NOV 24

ECN 14-028

**UNDER REVIEW**

15.04.30 URF15-560 AP

|            |                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                    |              |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| D          | REVISED BEND TOLERANCES FOR MANUFACTURABILITY, 135.07 WAS 134.04 (ZN D5-8), ADD 8.07 (ZN C2-8), ADD 118.8 (ZN D5-8), DELETE GASKETS (BOM, SH 2)                                                                                                                                                               | DB                                                                                                                                                                                                                                 | 13.09.20     |
| C          | (SH 11, P/L, ZN C2-2, C2-2, C4-2) ITEM 13, QTY 2 WAS 4, ITEM 42, QTY 32 WAS 34, ITEM 44, QTY 30 WAS 32, ADD ITEM 46, MS24894-C52 WAS AN3C5A, 2 PLCS, (ZN C1-5, C1-6, B4-7) Ø0.201 CSK Ø0.385 X 100" WAS Ø0.214 THRU, ADD DETAIL F (ZN C5-5, C5-6, B5-7), ADD ITEM 10, D2579 CROSS BOLT SPACER (ZN D4-1, A2-7) | DB                                                                                                                                                                                                                                 | 13.02.19     |
| B          | ALS4-1032-130 WAS AELS-1032-130 (ZN C4-1, C5-7, C3-7); ADD DT8931 (ZN A8-1); ADD 134.04 (ZN C4-8); D2855-3 WAS D2579 (ZN D4-1, C7-2, C2-2, C1-3, C2-3, C1-4, C2-4); AN3C5A WAS AN3C4A (ZN C5-2, C5-3, C5-3, C5-4); C2-4); Ø0.313 WAS Ø0.328 (ZN C4-5, C4-5, C2-7 & B3-7) REVISED NOTE N (ZN B3-7)             | RF                                                                                                                                                                                                                                 | 09.06.30     |
| A          | NEW ISSUE                                                                                                                                                                                                                                                                                                     | RF                                                                                                                                                                                                                                 | 09.03.30     |
| REV.       | DESCRIPTION                                                                                                                                                                                                                                                                                                   | BY                                                                                                                                                                                                                                 | DATE         |
| DESIGN     | RF                                                                                                                                                                                                                                                                                                            | <b>DART AEROSPACE USA, INC.</b>                                                                                                                                                                                                    |              |
| DRAWN      | DB                                                                                                                                                                                                                                                                                                            | KENT, WA                                                                                                                                                                                                                           |              |
| CHECKED    |                                                                                                                                                                                                                                                                                                               | DRAWING NO.                                                                                                                                                                                                                        | REV. D       |
| MFG. APPR. |                                                                                                                                                                                                                                                                                                               | D3887                                                                                                                                                                                                                              | SHEET 1 OF 8 |
| APPROVED   |                                                                                                                                                                                                                                                                                                               | TITLE                                                                                                                                                                                                                              | SCALE        |
| DE APPR.   |                                                                                                                                                                                                                                                                                                               | A119 STD SKIDTUBE ASSY                                                                                                                                                                                                             | NTS          |
| DATE       | 13.09.20                                                                                                                                                                                                                                                                                                      | COPYRIGHT © 2000 BY DART AEROSPACE USA, INC. THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSES OR GROUPS OR COMMUNITIES TO ANY OTHER PERSON OR ENTITY. |              |

w/o 149704

2m 16/07/26



AN3C5A BOLT  
D3672-1 PHENOLIC WASHER  
NAS1149C0332R WASHER  
(1 PER SIDE)

SEAL WITH  
SIKAFLEX-241/291

D2855-3 CAP

D3847-11  
WEARPAD

BLACK ANTI-SKID TO 0.5  
ABOVE LOCATION RIDGE  
TYP

11  
Ø0.197  
8 PL PER SIDE  
REF

AN3C5A BOLT  
NAS1149C0332R WASHER  
24 PL

PLUG UNUSED INSERTS WITH  
AN3C5A BOLT  
NAS1149C0332R WASHER  
6 PL

D3847-1  
WEARPAD  
5 PL

D2855-3 CAP

SEAL WITH  
SIKAFLEX-241/291

MS24894-C52 SCREW  
(1 PER SIDE)

**D3887-041 STANDARD SKIDTUBE ASSY WITH WEARPAD**  
(MAKE FROM D3887-11)

**UNDER REVIEW**

15.04.30 URF15-560 AP

**RELEASED**

2014 NOV 24 *q*

|            |          |                                                                                                                                                                                                                                                                                                                           |              |
|------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | RF       | <b>DART AEROSPACE USA, INC.</b>                                                                                                                                                                                                                                                                                           |              |
| DRAWN      | DB       | KENT, WA                                                                                                                                                                                                                                                                                                                  |              |
| CHECKED    |          | DRAWING NO.<br>D3887                                                                                                                                                                                                                                                                                                      | REV. D       |
| MFG. APPR. |          |                                                                                                                                                                                                                                                                                                                           | SHEET 2 OF 8 |
| APPROVED   |          | TITLE                                                                                                                                                                                                                                                                                                                     | SCALE        |
| DE APPR.   |          | A119 STD SKIDTUBE ASSY                                                                                                                                                                                                                                                                                                    | NTS          |
| DATE       | 13.09.20 | <small>COPYRIGHT © 2000 BY DART AEROSPACE USA, INC.<br/>THIS DOCUMENT IS UNCLASSIFIED AND IS SUPPLIED TO THE EXTENT PERMITTED BY THE<br/>FEDERAL ACQUISITION REGULATIONS AND IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR REPRODUCED IN ANY MANNER WITHOUT<br/>WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.</small> |              |

AN3C5A BOLT  
D3872-1 PHENOLIC WASHER  
NAS1149C0332R WASHER  
(1 PER SIDE)

SEAL WITH  
SIKAFLEX-241/291

D2855-3 CAP

D3847-11  
WEARPAD

D3847-047  
AFT WEARPLATE ASSY

AN3C5A BOLT  
NAS1149C0332R WASHER  
30 PL

D3847-045  
CENTER WEARPLATE ASSY

D3847-043  
FWD WEARPLATE ASSY

D3847-1  
WEARPAD  
5 PL

BLACK ANTI-SKID TO 0.5  
ABOVE LOCATION RIDGE  
TYP

11  
Ø0.197  
8 PL PER SIDE  
REF.

D2855-3 CAP

SEAL WITH  
SIKAFLEX-241/291

MS24684-C52 SCREW  
(1 PER SIDE)

**D3887-043 STANDARD SKIDTUBE ASSY WITH WEARPLATE**  
(MAKE FROM D3887-11)

**UNDER REVIEW**

15.04.30 URF15-560 AP

**RELEASED**

2014 NOV 24 *q*

|            |          |                                                                                                                                                                                                                                                                                                                         |              |
|------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | RF       | <b>DART AEROSPACE USA, INC.</b>                                                                                                                                                                                                                                                                                         |              |
| DRAWN      | DB       | KENT, WA                                                                                                                                                                                                                                                                                                                |              |
| CHECKED    |          | DRAWING NO.                                                                                                                                                                                                                                                                                                             | REV. D       |
| MFG. APPR. |          | D3887                                                                                                                                                                                                                                                                                                                   | SHEET 3 OF 8 |
| APPROVED   |          | TITLE                                                                                                                                                                                                                                                                                                                   | SCALE        |
| DE APPR.   |          | A119 STD SKIDTUBE ASSY                                                                                                                                                                                                                                                                                                  | NTS          |
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AN3C5A BOLT  
D3672-1 PHENOLIC WASHER  
NAS1149C0332R WASHER  
(1 PER SIDE)

SEAL WITH  
SIKAFLEX-241/291

D2855-3 CAP

AN3C46A BOLT  
D3804-1 WASHER, 2 PL  
MS21043-3 NUT  
8 PL

BLACK ANTI-SKID TO 0.5  
ABOVE LOCATION RIDGE  
TYP

1.5 1.5

2.00 DISTANCE TO D3885-1 WEB

D3849-043  
AFT TRAINING WEARPLATE ASSY

1.5 1.5

D3849-041  
FWD TRAINING WEARPLATE ASSY

1.5 D2855-3 CAP

SEAL WITH  
SIKAFLEX-241/291

MS24894-C52 SCREW  
(1 PER SIDE)

UNDER REVIEW

15.04.30 URF15-560 AP

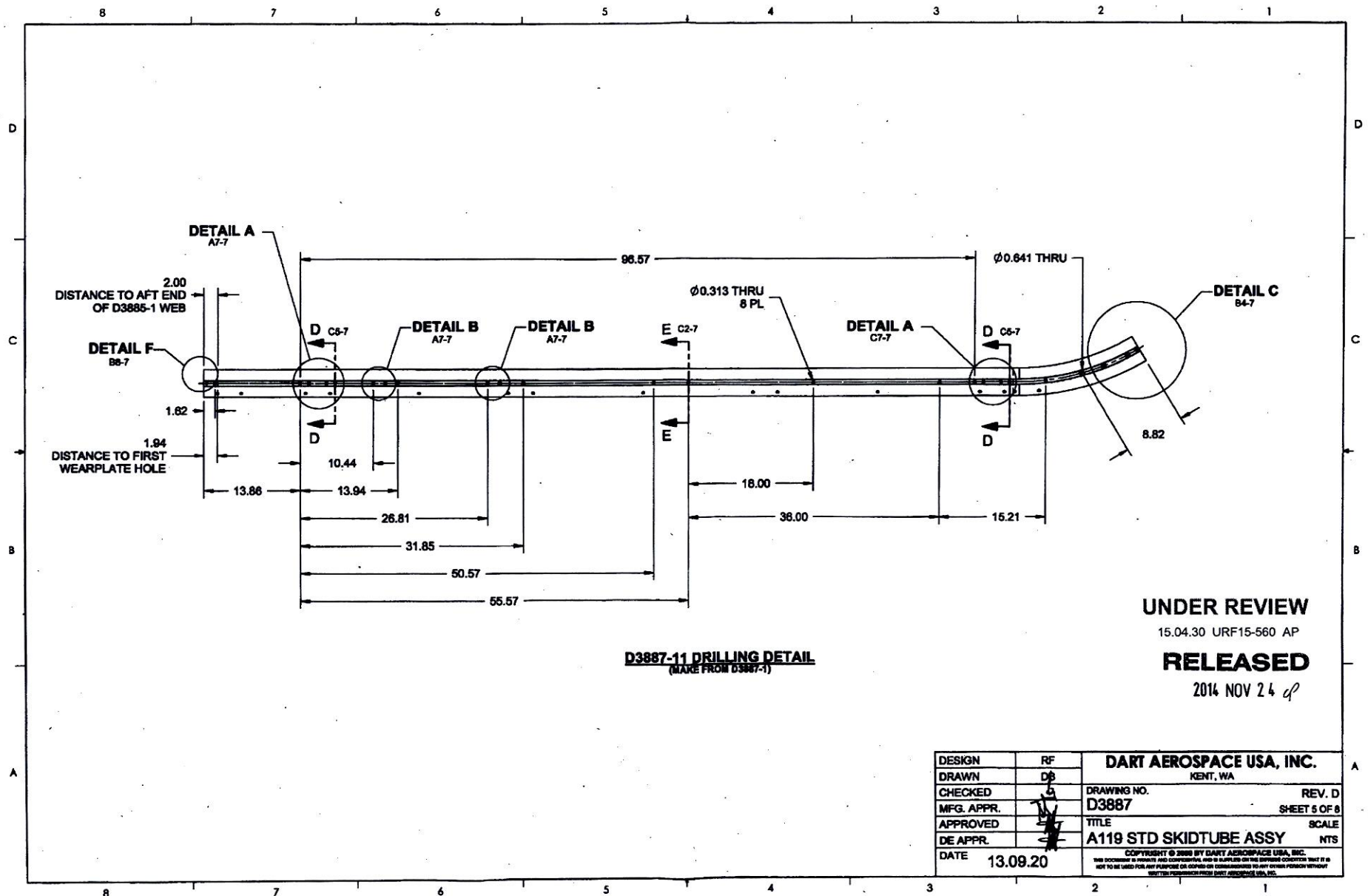
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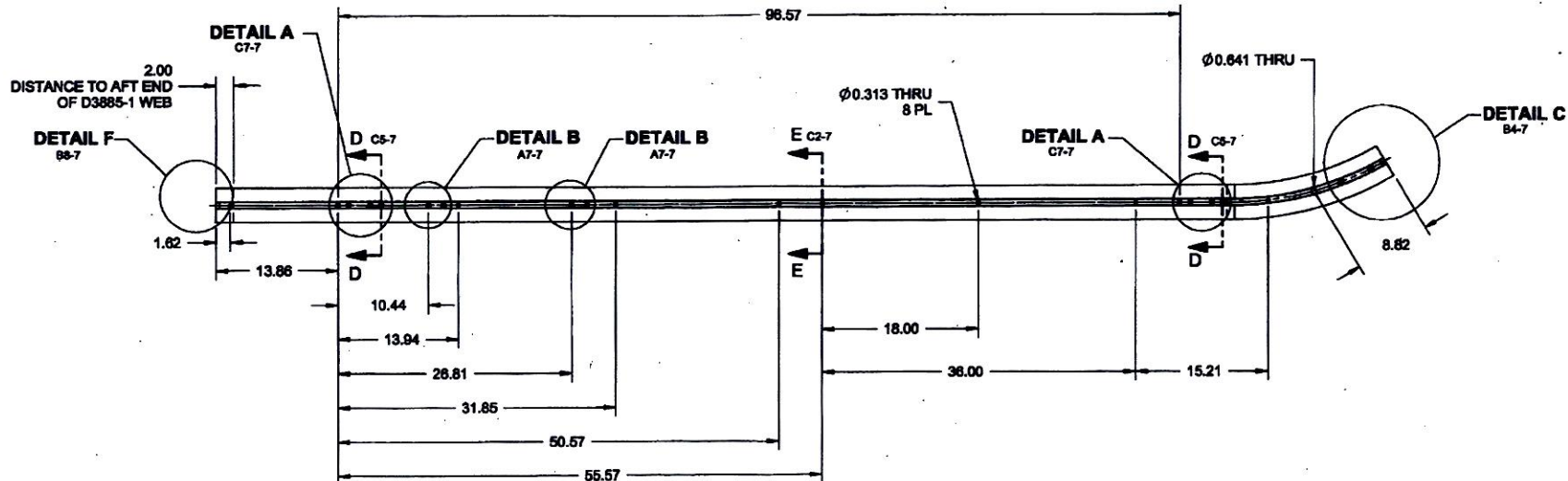
2014 NOV 24 *ap*

**D3887-045 STANDARD SKIDTUBE ASSY WITH TRAINING WEARPLATE**  
(MAKE FROM D3387-13)

|            |                    |                                                                                                                                                                                                                                                                                                                  |              |
|------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | RF                 | DART AEROSPACE USA, INC.                                                                                                                                                                                                                                                                                         |              |
| DRAWN      | DB                 | KENT, WA                                                                                                                                                                                                                                                                                                         |              |
| CHECKED    | <i>[Signature]</i> | DRAWING NO.                                                                                                                                                                                                                                                                                                      | REV. D       |
| MFG. APPR. | <i>[Signature]</i> | D3887                                                                                                                                                                                                                                                                                                            | SHEET 4 OF 8 |
| APPROVED   | <i>[Signature]</i> | TITLE                                                                                                                                                                                                                                                                                                            | SCALE        |
| DE APPR.   | <i>[Signature]</i> | A119 STD SKIDTUBE ASSY                                                                                                                                                                                                                                                                                           | NTS          |
| DATE       | 13.09.20           | <small>COPYRIGHT © 2008 BY DART AEROSPACE USA, INC.<br/>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS<br/>NOT TO BE USED FOR ANY PURPOSES, BE IT COMMERCE OR OTHERWISE, TO ANY OTHER PERSON WITHOUT<br/>WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.</small> |              |







**D3887-13 DRILLING DETAIL**  
(MAKE FROM D3887-1)

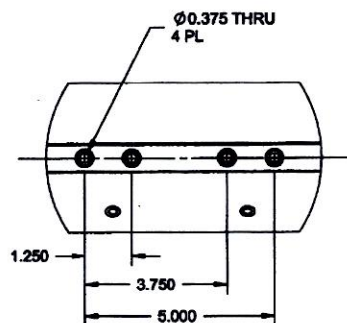
**UNDER REVIEW**

15.04.30 URF15-560 AP

**RELEASED**

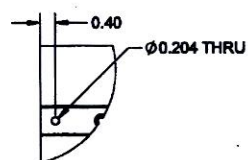
2014 NOV 24 *ap*

|            |                    |                                                                                                                                                                                                                                                                                  |              |
|------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | RF                 | <b>DART AEROSPACE USA, INC.</b>                                                                                                                                                                                                                                                  |              |
| DRAWN      | DB                 | KENT, WA                                                                                                                                                                                                                                                                         |              |
| CHECKED    | <i>[Signature]</i> | DRAWING NO.                                                                                                                                                                                                                                                                      | REV. D       |
| MFG. APPR. | <i>[Signature]</i> | D3887                                                                                                                                                                                                                                                                            | SHEET 6 OF 8 |
| APPROVED   | <i>[Signature]</i> | TITLE                                                                                                                                                                                                                                                                            | SCALE        |
| DE APPR.   | <i>[Signature]</i> | A119 STD SKIDTUBE ASSY                                                                                                                                                                                                                                                           | NTS          |
| DATE       | 13.09.20           | <small>COPYRIGHT © 2009 BY DART AEROSPACE USA, INC.<br/>THIS DOCUMENT IS PROPRIETARY AND CONFIDENTIAL, AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR FOR ANY REASON WITHOUT THE WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.</small> |              |



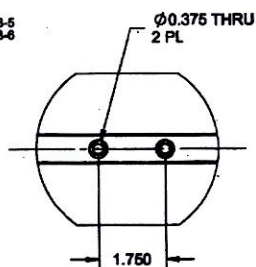
**DETAIL A**  
SCALE 4X

D7-5  
C3-5  
D7-6  
C3-6



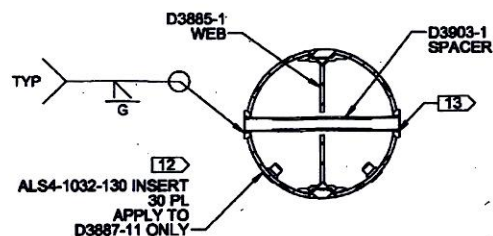
**DETAIL F**  
SCALE 4X

C8-5  
C8-6



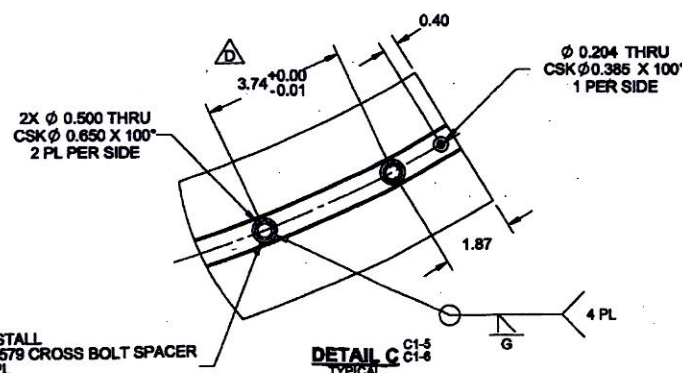
**DETAIL B**  
SCALE 4X

C8-5  
C5-5  
C8-6  
C5-6



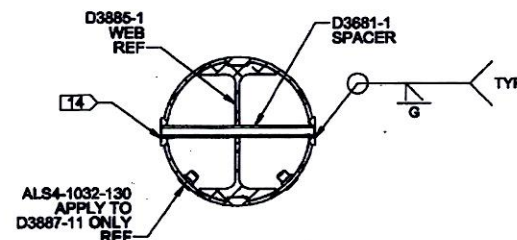
**SECTION D-D**  
SCALE 4X  
(FOR 12 X Ø0.375 HOLES  
PER SKIDTUBE)

C7-5  
C3-5  
C7-6  
C2-6



**DETAIL C**  
SCALE 4X

C1-5  
C1-6



**SECTION E-E**  
SCALE 4X  
(FOR 8 X Ø0.313 HOLES  
PER SKIDTUBE)

C4-5  
C4-6

**NOTES:**

13) AFTER DRILLING AND BENDING ASSEMBLY  
PERFORM THE FOLLOWING FOR Ø0.375 HOLES ONLY:

- i) CHAMFER HOLES Ø0.475 x 45°
- ii) INSERT D3903-1 SPACER
- iii) WELD INTO PLACE AND GRIND FLUSH
- iv) CBORE TO 0.313 x 0.75 DEEP
- v) DEBURR HOLES

14) AFTER DRILLING AND BENDING ASSEMBLY  
PERFORM THE FOLLOWING FOR Ø0.313 HOLES ONLY:

- vi) CHAMFER HOLES Ø0.354 x 45° OR 0.050 DEEP x 45° (BOTH SIDES)
- vii) INSERT D3681-1 SPACER
- viii) WELD INTO PLACE AND GRIND FLUSH
- ix) DEBURR HOLES

**UNDER REVIEW**

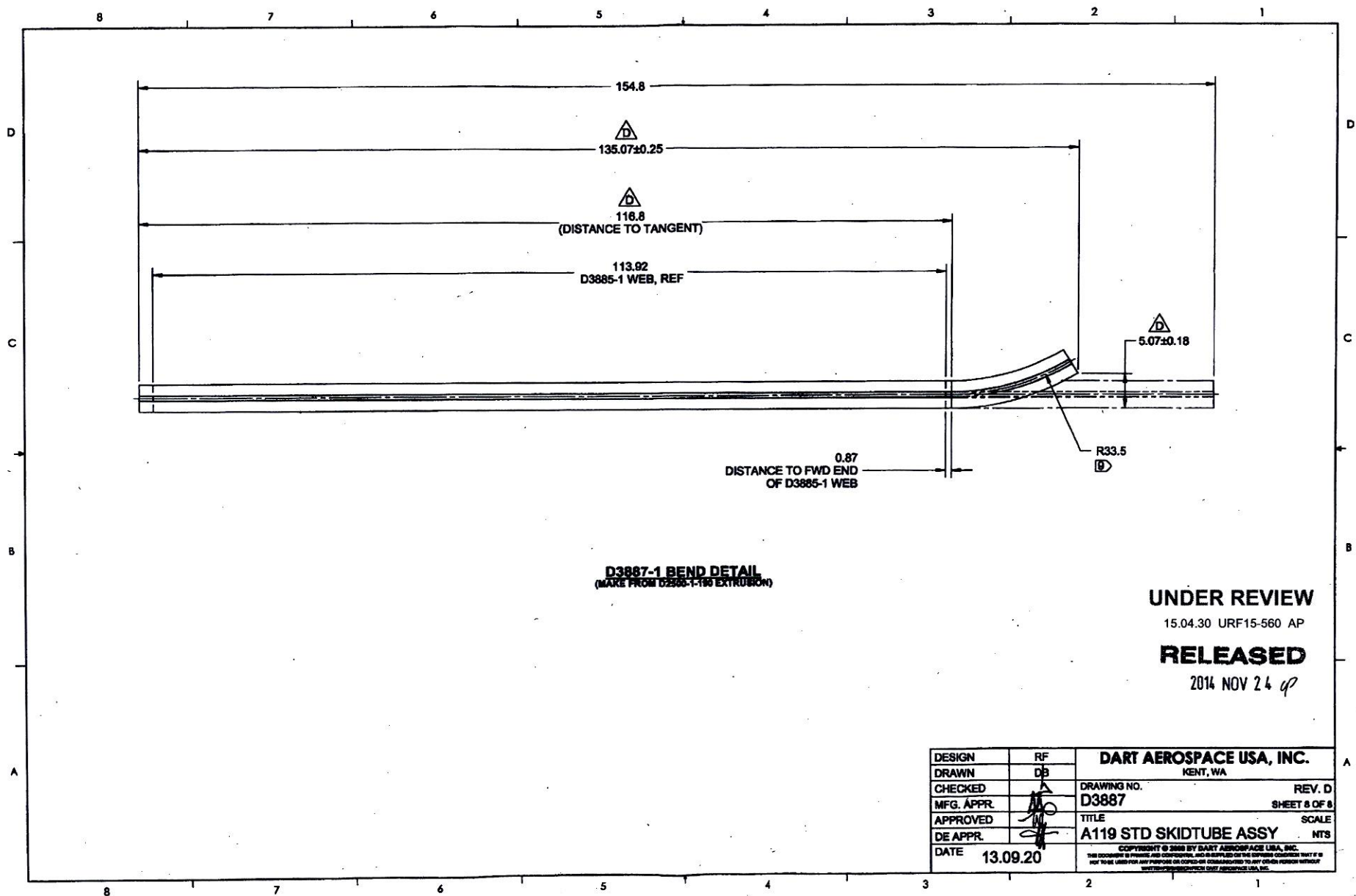
15.04.30 URF15-560 AP

**RELEASED**

2014 NOV 24

|            |          |                                                                                                                                                                                                                                                                                                             |              |
|------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | RF       | <b>DART AEROSPACE USA, INC.</b>                                                                                                                                                                                                                                                                             |              |
| DRAWN      | DB       | KENT, WA                                                                                                                                                                                                                                                                                                    |              |
| CHECKED    | LA       | DRAWING NO.                                                                                                                                                                                                                                                                                                 | REV. D       |
| MFG. APPR. |          | <b>D3887</b>                                                                                                                                                                                                                                                                                                | SHEET 7 OF 8 |
| APPROVED   |          | TITLE                                                                                                                                                                                                                                                                                                       | SCALE        |
| DE APPR.   |          | <b>A119 STD SKIDTUBE ASSY</b>                                                                                                                                                                                                                                                                               | NTS          |
| DATE       | 13.09.20 | COPYRIGHT © 2009 BY DART AEROSPACE USA, INC.<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS<br>NOT TO BE USED FOR ANY PURPOSES FOR WHICH IT IS NOT DESIGNED OR FOR WHICH IT IS NOT INTENDED WITHOUT<br>THE WRITTEN PERMISSION OF DART AEROSPACE USA, INC. |              |





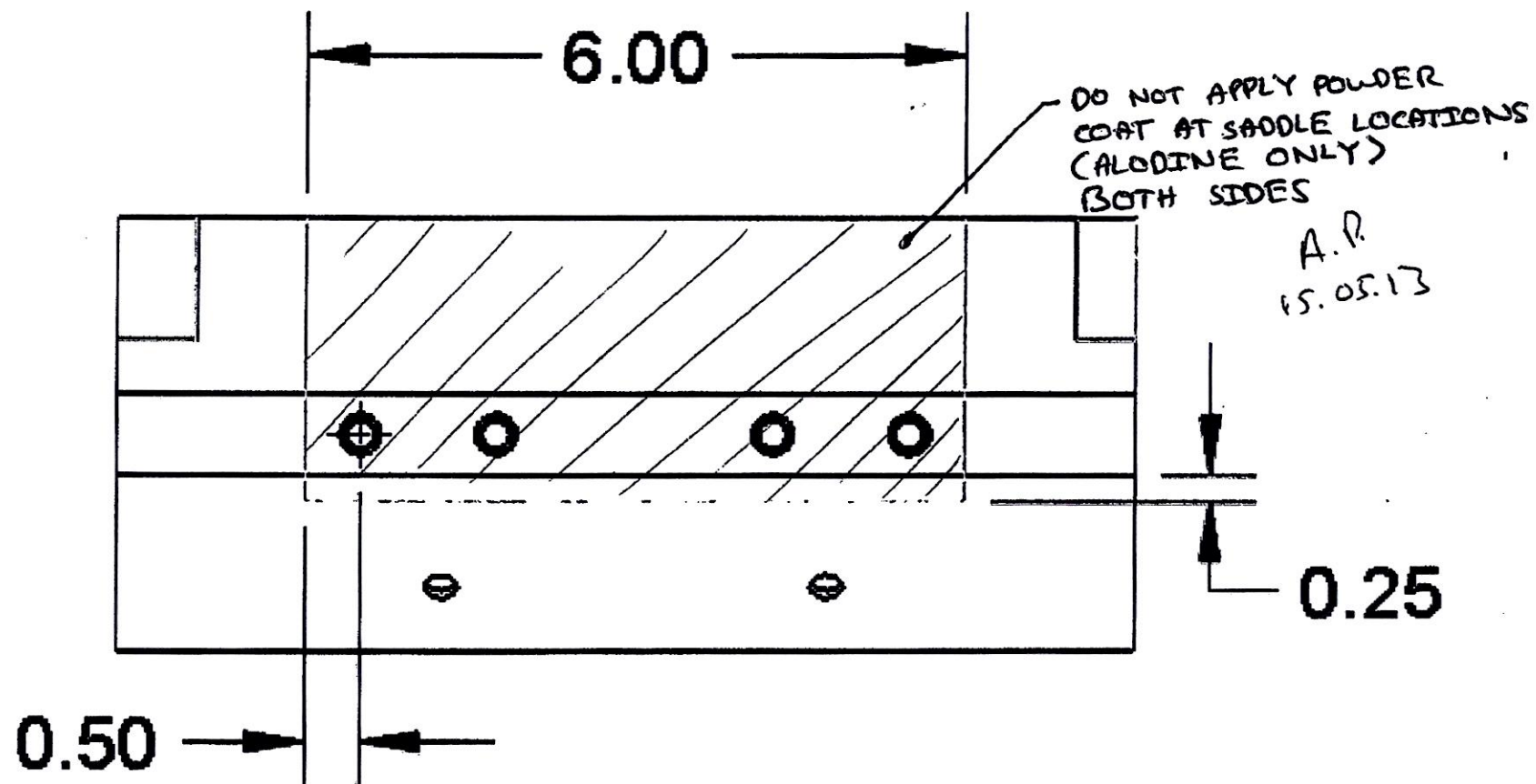
DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☒

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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---------------------------------------------|--------------------------------------------|---------------------------------------|------------------------------------------------|------------------------------------|----------------------------------------------|-----------------------------------------------|----------------------------------------|------------------------------------|-----------------------------------|-----------------------------------------------|-------------------------------|-----------------------------------------|---------------------------------------|-----------------------------------|-------------------------------------------------|------------------------------------------------------------|---------------------------------------------|--------------------------------------------|-----------------------------------|------------------------------------------|--------------------------------|----------------------------------------|------------------------------------------|-------------------------------------|---------------------------------------------|-------------------------------------------|-----------------------------------|--------------------------------------|----------------------------------|----------------------------------|-------------------------------------------|----------------------------------|-------------------------------------|----------------------------------------|-------------------------------------|---------------------------------|------------------------------|----------------------------------------------|---------------------------------------------|----------------------------------------------------------|---------------------------------------|----------------------------------|-------------------------------------|----------------------------------------------|----------------------------------------|--------------------------------------|------------------------------------------------|-------------------------------------------|-------------------------------------------|------------------------------------------------|--|--|--|--|--|----------------------------------------|-----------------------------------|------------------------------------------------------------|--|--|--|--|--|--|--|--|
| Work Order: <u>149704</u><br>Part No. <u>D119-646-241</u><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                | <b>DISPOSITION</b><br>Rework <input checked="" type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Cross tube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input checked="" type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                               |                                                                                |                                           |                                                     |                                           | Skid-tube <input type="checkbox"/>         | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input checked="" type="checkbox"/> | Machining <input type="checkbox"/>     | Small Fab <input type="checkbox"/>          | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/>      | Thermoforming <input type="checkbox"/>         | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>                | Large Fab <input type="checkbox"/>     | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |  |  |  |  |  |                                        |                                   |                                                            |  |  |  |  |  |  |  |  |
| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Cross tube <input type="checkbox"/>            | Water Jet <input type="checkbox"/>                                                                                                                                                        | Engineering <input checked="" type="checkbox"/>            |                                                                                                                                                                                                                                                                                                                 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| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Small Fab <input type="checkbox"/>             | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                | Quality <input type="checkbox"/>                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                                                                                |                                           |                                                     |                                           |                                            |                                     |                                    |                                                 |                                        |                                             |                                            |                                       |                                                |                                    |                                              |                                               |                                        |                                    |                                   |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |  |  |  |  |  |                                        |                                   |                                                            |  |  |  |  |  |  |  |  |
| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Date: <u>16/5/16</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               | MRB (QSI042) Approval<br><u>DAS</u><br><u>12</u><br><u>9-89</u> <u>16/7/27</u> |                                           |                                                     |                                           |                                            |                                     |                                    |                                                 |                                        |                                             |                                            |                                       |                                                |                                    |                                              |                                               |                                        |                                    |                                   |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                           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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| No powder coat on saddle region per customer request.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <b>Root Cause</b><br><table style="width:100%;"> <tr> <td>Environment <input type="checkbox"/></td> <td>No Re-verification <input type="checkbox"/></td> <td>Pressure/Forced <input type="checkbox"/></td> <td>Temperature/Cure <input type="checkbox"/></td> <td>Power Loss/Surge <input type="checkbox"/></td> <td>Positioned Wrong <input type="checkbox"/></td> </tr> <tr> <td>Design <input checked="" type="checkbox"/></td> <td>Operator <input type="checkbox"/></td> <td>Bending <input type="checkbox"/></td> <td>Set-up <input type="checkbox"/></td> <td>Folio/Program <input type="checkbox"/></td> <td>Outside Dimensions <input type="checkbox"/></td> </tr> <tr> <td>Doc/Data <input type="checkbox"/></td> <td>Offset/Setup <input type="checkbox"/></td> <td>Centre Not Concentric <input type="checkbox"/></td> <td>BOM/Route <input type="checkbox"/></td> <td>Grain <input type="checkbox"/></td> <td>Over/Under tolerance <input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td>Cracks <input type="checkbox"/></td> <td>Broken/Damage/Defect <input type="checkbox"/></td> <td>Weld <input type="checkbox"/></td> <td>Part Incorrect <input type="checkbox"/></td> </tr> <tr> <td>Handling/Pre <input type="checkbox"/></td> <td>Training <input type="checkbox"/></td> <td>Crimp/Kink/Ripple/Wave <input type="checkbox"/></td> <td>Inspection Incomplete/Unqualified <input type="checkbox"/></td> <td>Wrong Stock Pulled <input type="checkbox"/></td> <td>Part Lost/Missing <input type="checkbox"/></td> </tr> <tr> <td>Material <input type="checkbox"/></td> <td>Use for Testing <input type="checkbox"/></td> <td>Cuffs <input type="checkbox"/></td> <td>Contamination <input type="checkbox"/></td> <td>Out of Sequence <input type="checkbox"/></td> <td>Part Moved <input type="checkbox"/></td> </tr> <tr> <td>Internal Transport <input type="checkbox"/></td> <td>Poor Information <input type="checkbox"/></td> <td>Crushing <input type="checkbox"/></td> <td>Countersink <input type="checkbox"/></td> <td>Off-set <input type="checkbox"/></td> <td>Drawing <input type="checkbox"/></td> </tr> <tr> <td>Tribal Knowledge <input type="checkbox"/></td> <td>Rushing <input type="checkbox"/></td> <td>Heat Treat <input type="checkbox"/></td> <td>Cut Too Short <input type="checkbox"/></td> <td>Mislabeled <input type="checkbox"/></td> <td>Finish <input type="checkbox"/></td> </tr> <tr> <td>LOA <input type="checkbox"/></td> <td>Product Improvement <input type="checkbox"/></td> <td>Wave/Twist in Tube <input type="checkbox"/></td> <td>Instructions Incomplete/Unclear <input type="checkbox"/></td> <td>Fit/Function <input type="checkbox"/></td> <td>Misread <input type="checkbox"/></td> </tr> <tr> <td>Substation <input type="checkbox"/></td> <td>Process Improvement <input type="checkbox"/></td> <td>Marks/Chatter <input type="checkbox"/></td> <td>Drill Holes <input type="checkbox"/></td> <td>Misaligned/off center <input type="checkbox"/></td> <td>Turning Sequence <input type="checkbox"/></td> </tr> <tr> <td>Past Expiry Date <input type="checkbox"/></td> <td>Manufacturing Process <input type="checkbox"/></td> <td colspan="4"></td> <td></td> </tr> <tr> <td>Misidentified <input type="checkbox"/></td> <td>Past Due <input type="checkbox"/></td> <td colspan="4"> <input checked="" type="checkbox"/> OTHER: <u>Customer</u> </td> <td></td> </tr> </table> |                                                |                                                                                                                                                                                           |                                                            | Environment <input type="checkbox"/>                                                                                                                                                                                                                                        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Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/>          | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/>               | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/>  | Cracks <input type="checkbox"/>   | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> |  |  |  |  |  | Misidentified <input type="checkbox"/> | Past Due <input type="checkbox"/> | <input checked="" type="checkbox"/> OTHER: <u>Customer</u> |  |  |  |  |  |  |  |  |
| Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Design <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Doc/Data <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Handling/Pre <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Internal Transport <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Tribal Knowledge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| LOA <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Substation <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                                    | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Turning Sequence <input type="checkbox"/>     |                                                                                |                                           |                                                     |                                           |                                            |                                     |                                    |                                                 |                                        |                                             |                                            |                                       |                                                |                                    |                                              |                                               |                                        |                                    |                                   |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |  |  |  |  |  |                                        |                                   |                                                            |  |  |  |  |  |  |  |  |
| Past Expiry Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                                        |                                            |                                       |                                                |                                    |                                              |                                               |                                        |                                    |                                   |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |  |  |  |  |  |                                        |                                   |                                                            |  |  |  |  |  |  |  |  |
| Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Past Due <input type="checkbox"/>              | <input checked="" type="checkbox"/> OTHER: <u>Customer</u>                                                                                                                                |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                                                                                |                                           |                                                     |                                           |                                            |                                     |                                    |                                                 |                                        |     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                                 |                                           |                                                |  |  |  |  |  |                                        |                                   |                                                            |  |  |  |  |  |  |  |  |





# DART SERVICE INSTRUCTION

TO AMEND INSTALLATION INSTRUCTIONS IIN-D119-646 REV. D  
AND INSTRUCTIONS FOR CONTINUED AIRWORTHINESS ICA-D119-646 REV. 3  
REF FAA STC: SR02024SE  
REF EASA STC: 10040294

## 1.0 PURPOSE:

The purpose of this Dart Service Instructions is to add D119-646-313/-314 Skidtube Protector Kit to make the D119-646-011/-012/-041/-111/-112/-141/-211/-212/-241 Skidtube Kits compatible with the 109-0812-68-105 Hoist Structural Provision Kit and the 109-0816-18-301 Rappelling Kit. The D119-646-313 Skidtube Protector, LH replaces the 109-B710-05-201 kit and the D119-646-314 Skidtube Protector, RH replaces the 109-B710-05-202 kit.

## **B** 2.0 D119-646-011/-012/-041/-111/-112/-141 MODIFICATION:

The following instructions are for modifying the D119-646-011/-012/-041/-111/-112/-141 Skidtube at CHG 004 and prior, to allow for D119-646-313/-314 Skidtube Protector Kit installation:

- 2.1 Remove D3492-045 Plug Assemblies from two locations on each side of the skidtube as shown in Figure 3.
- 2.2 Position D5376-1 drilling jig tool with the arrow pointing fwd as shown in Figure 3. Use 2x AN3-45A bolts to hold the jig in place. Transfer drill 4x  $\varnothing 0.129$ " (#30 drill) holes from D5376-1 drilling jig to skidtube ridge as shown in Figure 3. **Caution:** Drill perpendicular to the skidtube ridge.
- 2.3 Remove drilling jig. Using a 5/16" drill, open up the pilot holes and drill through the skidtube ridge and center web inside of the skidtube. **Caution:** Drill perpendicular to the skidtube ridge.
- 2.4 Countersink 4x 5/16" holes to  $\varnothing 0.348$ " (8.84mm) x 100° as shown in Figure 3 and deburr.
- 2.5 Repeat steps 2.2 to 2.4 for the opposite side of the skidtube.
- 2.6 Vacuum the debris from inside of the skidtube. Touch up affected area using (Alodine 1200 or 1201) per MIL-DTL-5541.
- 2.7 Install 8x D5374-3 Bushings in the new holes. Seal bushings with Sikaflex-241/-291 or Proseal 890 or MIL-S-8802 Class 'B2' sealant as shown in Section C-C.

D119-646-011/-012/-041/-111/-112/-141 Skidtube at CHG 005 and subsequent, do not require modification. Discard D5376-1 Drilling jig and D5374-3 Bushings.

## **B** 3.0 D119-646-211/-212/-241 MODIFICATION:

The following instructions are for modifying the D119-646-211/-212 Skidtube at CHG 005 and prior, and D119-646-241 at CHG 004 and prior, to allow for D119-646-313/-314 Skidtube Protector Kit installation:

- 3.1 Temporarily remove D3849-043 Training Wearplate from aft end of the skidtube per ICA-D119-646 Section 32.
- 3.2 Position D5376-1 drilling jig tool with the arrow pointing fwd as shown in Figure 3. Use 2x AN3-45A bolts to hold the jig in place. Transfer drill 4x  $\varnothing 0.129$ " (#30 drill) holes from D5376-1 drilling jig to skidtube ridge as shown in Figure 3. **Caution:** Drill perpendicular to the skidtube ridge.
- 3.3 Remove drilling jig. Using a 5/16" drill, open up the pilot holes and drill through the skidtube ridge and center web inside of the skidtube. **Caution:** Drill perpendicular to the skidtube ridge.
- 3.4 Countersink 4x 5/16" holes to  $\varnothing 0.348$ " (8.84mm) x 100° as shown in Figure 3 and deburr.
- 3.5 Repeat steps 3.2 to 3.4 for the opposite side of the skidtube.
- 3.6 Vacuum the debris from inside of the skidtube. Touch up affected area using (Alodine 1200 or 1201) per MIL-DTL-5541.
- 3.7 Install 8x D5374-3 Bushings in the new holes. Seal bushings with Sikaflex-241/-291 or Proseal 890 or MIL-S-8802 Class 'B2' sealant as shown in Section C-C.

D119-646-211/-212 Skidtube at CHG 006 and subsequent, and D119-646-241 Skidtube at CHG 005 and subsequent, do not require modification. Discard D5376-1 Drilling jig and D5374-3 Bushings.

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------|
| B                                                                                                                                                                                                                                                                                   | REVISED DSI TO INCLUDE INSTALLATION INSTRUCTIONS FOR SKIDTUBE ASSY D119-646-011/-012/-111/-112/-041/-141/-241 CHG 005 & SUBSEQUENT AND SKIDTUBE ASSY D119-646-211/-212 CHG 006 & SUBSEQUENT. ADDED NAS1149D0316J WASHERS TO BOM. | WK                                            | 17.02.16 |
| A                                                                                                                                                                                                                                                                                   | NEW ISSUE                                                                                                                                                                                                                        | RF                                            | 15.12.10 |
| REV.                                                                                                                                                                                                                                                                                | DESCRIPTION                                                                                                                                                                                                                      | BY                                            | DATE     |
| DESIGN                                                                                                                                                                                                                                                                              | RF                                                                                                                                                                                                                               | <b>DART AEROSPACE USA, INC.</b><br>EUGENE, OR |          |
| DRAWN                                                                                                                                                                                                                                                                               | WK                                                                                                                                                                                                                               |                                               |          |
| CHECKED                                                                                                                                                                                                                                                                             | VS                                                                                                                                                                                                                               | DRAWING NO.                                   | REV. B   |
| MFG. APPR.                                                                                                                                                                                                                                                                          | N/A                                                                                                                                                                                                                              | DSI 9734                                      |          |
| APPROVED                                                                                                                                                                                                                                                                            | MS                                                                                                                                                                                                                               | TITLE                                         | SCALE    |
| DE APPR.                                                                                                                                                                                                                                                                            | DS                                                                                                                                                                                                                               | SKIDTUBE PROTECTOR KIT                        |          |
| DATE                                                                                                                                                                                                                                                                                | 17.02.16                                                                                                                                                                                                                         |                                               |          |
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SHEET 1 OF 10



**B 4.0 INSTALLATION OF D119-646-313/-314 ONTO D119-646-011/-012/-041/-111/-112/-141:**

- 4.1 Remove all D3492-045 Plug Assemblies from skidtube fwd of the ground handling wheel lugs.
- 4.2 For installation of the D119-646-313/-314 Skidtube Protector Kit onto the D119-646-011/-012/-041/-111/-112/-141 Skidtube at CHG 005 and subsequent, Install NAS1149D0316J and NAS1149D0332J washers as shown in Detail G, Figure 6.
- 4.3 If the D119-646-314 Skidtube Protector Kit is required for hoisting operations on the RH side of the aircraft install D5372-1 Plug using 4x AN3-45A bolts, 8x NAS1149D0332J washer and 4x MS21042L3 nuts as shown in Section C-C and Figure 4 Detail E. Torque bolts to 15-25 in-lbs (1.7-2.8 N-m).
- 4.4 If the D119-646-313 Skidtube Protector Kit is required for hoisting operations on the LH side of the aircraft install D5372-1 Plug using 4x AN3-45A bolts, 8x NAS1149D0332J washer and 4x MS21042L3 nuts as shown in Section C-C and Figure 4 Detail E. Torque bolts to 15-25 in-lbs (1.7-2.8 N-m).
- 4.5 If the D119-646-314 Skidtube Protector Kit is required for rappelling operations on the RH side of the aircraft install D5371-2 Hook using 4x AN3-45A bolts, 8x NAS1149D0332J washer and 4x MS21042L3 nuts as shown in Section C-C and Figure 5 Detail F. Torque bolts to 15-25 in-lbs (1.7-2.8 N-m).
- 4.6 If the D119-646-313 Skidtube Protector Kit is required for rappelling operations on the LH side of the aircraft install D5371-1 Hook using 4x AN3-45A bolts, 8x NAS1149D0332J washer and 4x MS21042L3 nuts as shown in Section C-C and Figure 5 Detail F. Torque bolts to 15-25 in-lbs (1.7-2.8 N-m).
- 4.7 Install D5369-2 Cable Guard on the RH side of the aircraft using 6x AN3-47A bolts, 6x D5374-1 Bushings, 6x D4506-3 Washers, 12x NAS1149D0332J washers, 6x MS21042L3 nuts as shown in Figure 1 Section A-A. Torque bolts to 15-25 in-lbs (1.7-2.8 N-m).
- 4.8 Install D5369-1 Cable Guard on the LH side of the aircraft using 6x AN3-47A bolts, 6x D5374-1 Bushings, 6x D4506-3 Washers, 12x NAS1149D0332J washers, 6x MS21042L3 nuts as shown in Figure 1 Section A-A. Torque bolts to 15-25 in-lbs (1.7-2.8 N-m).
- 4.9 Update aircraft log book to indicate installation of the D119-646-313/-314 kit and adjust weight and balance record for the aircraft with weight and balance data provided in Section 7.0 of this document.

**NOTE:** Additional NAS1149D0332J washers may be installed under the nuts to ensure 1.5 - 4 threads in safety on the bolts. Although not generally necessary, it is also acceptable to replace the AN3 bolts provided with longer or shorter AN3 bolts, if required.

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| DRAWN      | WK       |                                                                                                                                                                                                                                                                                                     |               |
| CHECKED    | VS       | DRAWING NO.                                                                                                                                                                                                                                                                                         | REV. B        |
| MFG. APPR. | N/A      | DSI 9734                                                                                                                                                                                                                                                                                            | SHEET 2 OF 10 |
| APPROVED   | VS       | TITLE                                                                                                                                                                                                                                                                                               | SCALE         |
| DE APPR.   | DS       | SKIDTUBE PROTECTOR KIT                                                                                                                                                                                                                                                                              | NTS           |
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**B 5.0 INSTALLATION OF D119-646-313/-314 ONTO D119-646-211/-212/-241:**

- 5.1 Remove and discard all hardware attaching the training wearplates in front of the skidtube ground handling lugs.
- 5.2 For installation of the D119-646-313/-314 Skidtube Protector Kit onto the D119-646-211/-212 Skidtube at CHG 006 and subsequent, and D119-646-241 Skidtube at CHG 005 and subsequent, remove all D3492-045 Plug Assemblies from skidtube fwd of the ground handling wheel lugs & install NAS1149D0316J and NAS1149D0332J washers as shown in Detail G, Figure 6.
- 5.3 If the D119-646-314 Skidtube Protector Kit is required for hoisting operations on the RH side of the aircraft install D5372-1 Plug using 4x AN3-45A bolts, 8x NAS1149D0332J washer and 4x MS21042L3 nuts as shown in Section C-C and Figure 4 Detail E. Torque bolts to 15-25 in-lbs (1.7-2.8 N-m).
- 5.4 If the D119-646-313 Skidtube Protector Kit is required for hoisting operations on the LH side of the aircraft install D5372-1 Plug using 4x AN3-45A bolts, 8x NAS1149D0332J washer and 4x MS21042L3 nuts as shown in Section C-C and Figure 4 Detail E. Torque bolts to 15-25 in-lbs (1.7-2.8 N-m).
- 5.5 If the D119-646-314 Skidtube Protector Kit is required for rappelling operations on the RH side of the aircraft install D5371-2 Hook using 4x AN3-45A bolts, 8x NAS1149D0332J washer and 4x MS21042L3 nuts as shown in Section C-C and Figure 5 Detail F. Torque bolts to 15-25 in-lbs (1.7-2.8 N-m).
- 5.6 If the D119-646-313 Skidtube Protector Kit is required for rappelling operation on the LH side of the aircraft install D5371-1 Hook using 4x AN3-45A bolts, 8x NAS1149D0332J washer and 4x MS21042L3 nuts as shown in Section C-C and Figure 5 Detail F. Torque bolts to 15-25 in-lbs (1.7-2.8 N-m).
- 5.7 Reinstall the D3849-043 Training Wearplate on the aft end of the skidtube per ICA-D119-646 Section 32, except for hardware under D5369-1/-2 Cable Guard.
- 5.8 Install D5369-2 Cable Guard on the RH side of the aircraft using 6x AN3-50A bolts, 6x D5374-1 Bushings, 6x D3904-1 Washers, 6x MS21042L3 nuts as shown in Figure 2 Section B-B. Torque bolts to 15-25 in-lbs (1.7-2.8 N-m).
- 5.9 Install D5369-1 Cable Guard on the LH side of the aircraft using 6x AN3-50A bolts, 6x D5374-1 Bushings, 6x D3904-1 Washers, 6x MS21042L3 nuts as shown in Figure 2 Section B-B. Torque bolts to 15-25 in-lbs (1.7-2.8 N-m).
- 5.10 Update aircraft log book to indicate installation of the D119-646-313/-314 kit and adjust weight and balance record for the aircraft with weight and balance data provided in Section 7.0 of this document.

**NOTE:** Additional NAS1149D0332J washers may be installed under the nuts to ensure 1.5 - 4 threads in safety on the bolts. Although not generally necessary, it is also acceptable to replace the AN3 bolts provided with longer or shorter AN3 bolts, if required.

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| CHECKED    | VS       | DRAWING NO.                                                                                                                                                                                                                                                                                         | REV. B        |
| MFG. APPR. | N/A      | DSI 9734                                                                                                                                                                                                                                                                                            | SHEET 3 OF 10 |
| APPROVED   | VS       | TITLE                                                                                                                                                                                                                                                                                               | SCALE         |
| DE APPR.   | DS       | SKIDTUBE PROTECTOR KIT                                                                                                                                                                                                                                                                              | NTS           |
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**6.0 PARTS LIST:**

| Qty.<br>-313 | Qty.<br>-314 | PART NUMBER   | DESCRIPTION            |
|--------------|--------------|---------------|------------------------|
| X            |              | D119-646-313  | SKIDTUBE PROTECTOR, LH |
|              | X            | D119-646-314  | SKIDTUBE PROTECTOR, RH |
| 6            | 6            | D3904-1       | WASHER                 |
| 6            | 6            | D4506-3       | WASHER                 |
| 1            |              | D5369-1       | CABLE GUARD, LH        |
|              | 1            | D5369-2       | CABLE GUARD, RH        |
| 1            |              | D5371-1       | HOOK, LH               |
|              | 1            | D5371-2       | HOOK, RH               |
| 1            | 1            | D5372-1       | PLUG                   |
| 6            | 6            | D5374-1       | BUSHING                |
| 8            | 8            | D5374-3       | BUSHING                |
| 1            | 1            | D5376-1       | DRILLING JIG           |
| 4            | 4            | AN3-45A       | BOLT                   |
| 6            | 6            | AN3-47A       | BOLT                   |
| 6            | 6            | AN3-50A       | BOLT                   |
| 18           | 18           | NAS1149D0332J | WASHER                 |
| 4            | 4            | NAS1149D0316J | WASHER                 |
| 10           | 10           | MS21042L3     | NUT                    |

B

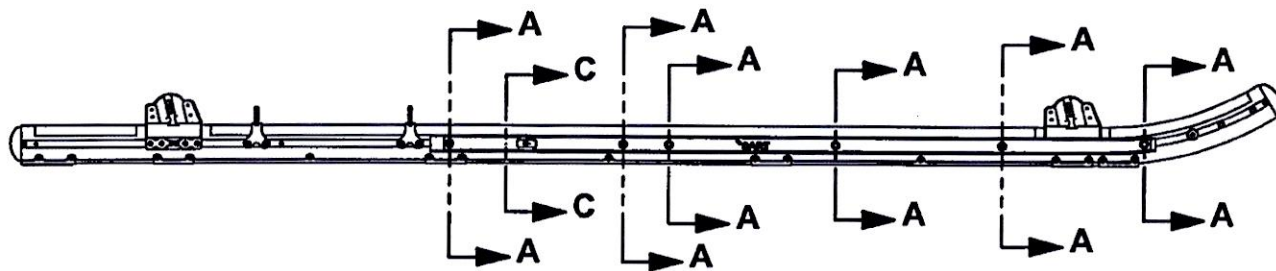
**7.0 WEIGHT AND BALANCE**

The following weight and balance changes are applicable:

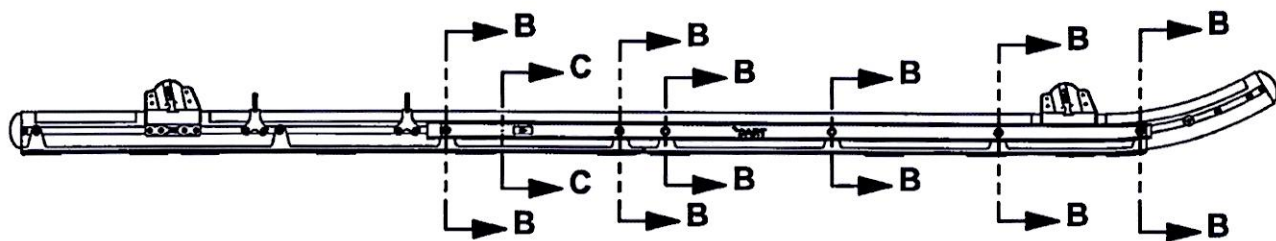
| Installation                           | Weight            | LONGITUDINAL       |                       | LATERAL           |                         |
|----------------------------------------|-------------------|--------------------|-----------------------|-------------------|-------------------------|
|                                        |                   | Arm                | Moment                | Arm               | Moment                  |
| D119-646-313<br>SKIDTUBE PROTECTOR, LH | 4.3 lb<br>1.95 kg | 108.1 in<br>4.3 m  | 465 in-lb<br>8.4 kg-m | -43.4 in<br>1.7 m | -187 in-lb<br>-3.3 kg-m |
| D119-646-314<br>SKIDTUBE PROTECTOR, RH | 4.3 lb<br>1.95 kg | 108.1 in<br>4.30 m | 465 in-lb<br>8.4 kg-m | 43.4 in<br>1.7 m  | 187 in-lb<br>3.3 kg-m   |

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| CHECKED    | VS              | DRAWING NO.                                                                                                                                                                                                                                                                               | REV. B        |
| MFG. APPR. | N/A             | <b>DSI 9734</b>                                                                                                                                                                                                                                                                           | SHEET 4 OF 10 |
| APPROVED   | VS              | TITLE                                                                                                                                                                                                                                                                                     | SCALE         |
| DE APPR.   | DS              | <b>SKIDTUBE PROTECTOR KIT</b>                                                                                                                                                                                                                                                             | NTS           |
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**FIGURE 1: D119-646-314 SKIDTUBE PROTECTOR KIT, RH (SHOWN)**  
 (D119-646-313 SKIDTUBE PROTECTOR, LH (OPPOSITE))  
 (SHOWN INSTALLED ON D119-646-011/-012/-111/-112 SKIDTUBES)



**FIGURE 2: D119-646-314 SKIDTUBE PROTECTOR KIT, RH (SHOWN)**  
 (D119-646-313 SKIDTUBE PROTECTOR, LH (OPPOSITE))  
 (SHOWN INSTALLED ON D119-646-211/-212 SKIDTUBES)

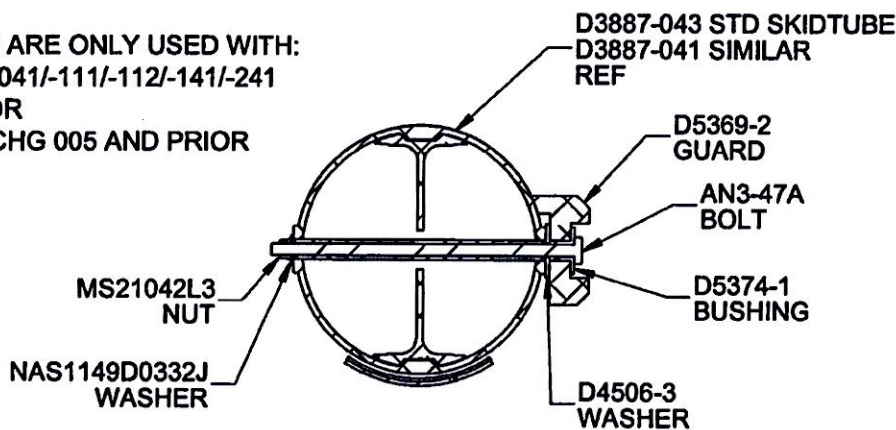
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| DESIGN     | RF       | <b>DART AEROSPACE USA, INC.</b><br>EUGENE, OR                                                                                                                                                                                                                                             |               |
| DRAWN      | WK       |                                                                                                                                                                                                                                                                                           |               |
| CHECKED    | VS       | DRAWING NO.                                                                                                                                                                                                                                                                               | REV. B        |
| MFG. APPR. | N/A      | DSI 9734                                                                                                                                                                                                                                                                                  | SHEET 5 OF 10 |
| APPROVED   | VS       | TITLE                                                                                                                                                                                                                                                                                     | SCALE         |
| DE APPR.   | DS       | SKIDTUBE PROTECTOR KIT                                                                                                                                                                                                                                                                    | NTS           |
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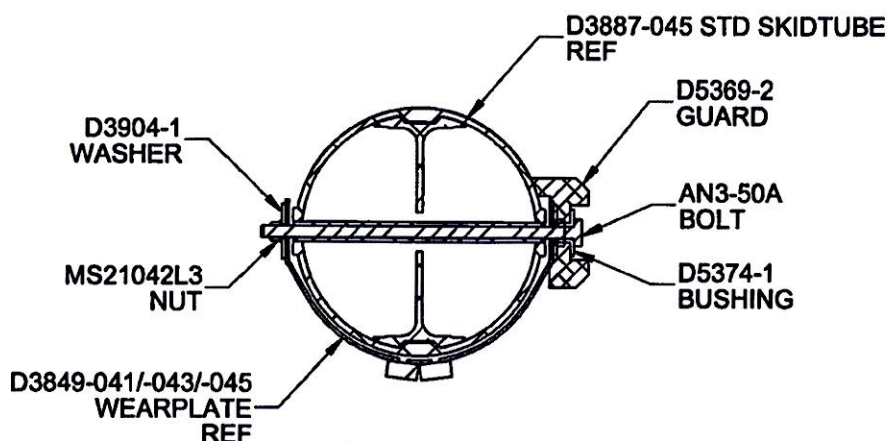
**NOTES:**



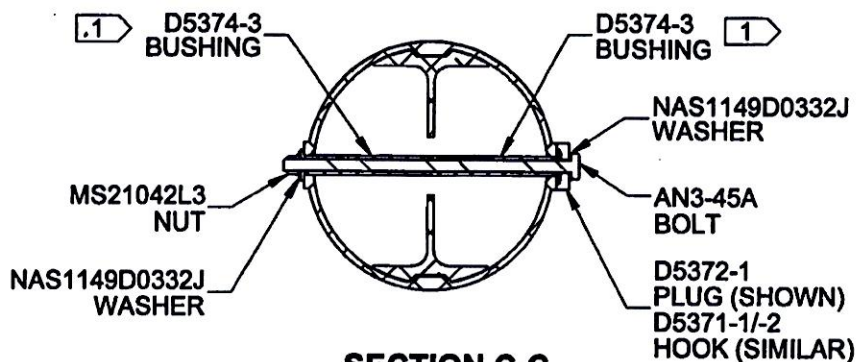
- 1) D5374-3 BUSHINGS ARE ONLY USED WITH:  
 - D119-646-011/-012/-041/-111/-112/-141/-241  
 CHG 004 AND PRIOR  
 - D119-646-211/-212 CHG 005 AND PRIOR



**SECTION A-A**



**SECTION B-B**



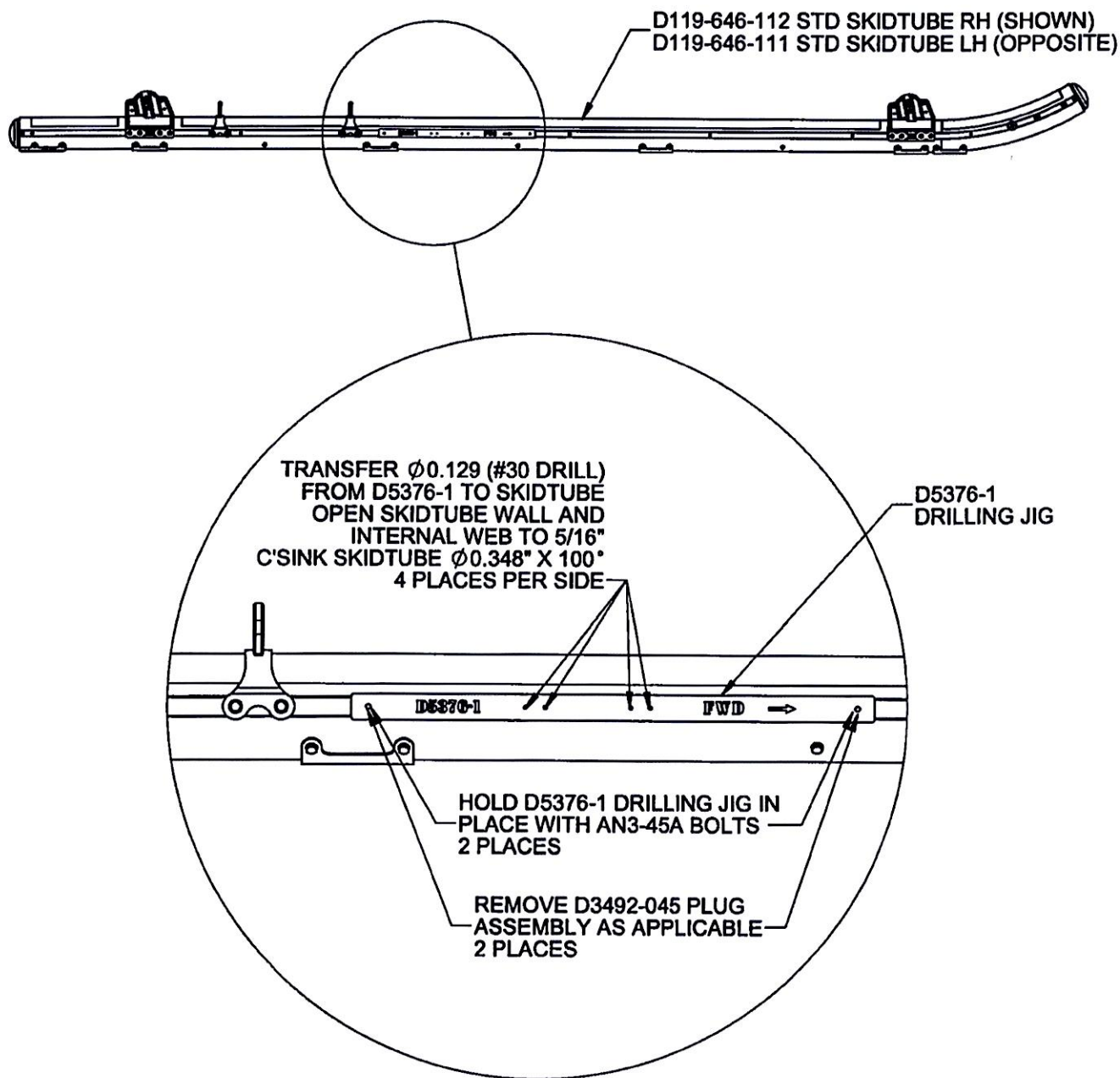
**SECTION C-C**

(D5369-2 NOT SHOWN FOR CLARITY)

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|            |          |                                                                                                                                                                                                                                                                                     |               |
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| CHECKED    | VS       | DRAWING NO.                                                                                                                                                                                                                                                                         | REV. B        |
| MFG. APPR. | N/A      | DSI 9734                                                                                                                                                                                                                                                                            | SHEET 6 OF 10 |
| APPROVED   | HS       | TITLE                                                                                                                                                                                                                                                                               | SCALE         |
| DE APPR.   | DS       | SKIDTUBE PROTECTOR KIT                                                                                                                                                                                                                                                              | NTS           |
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**DETAIL D**

**FIGURE 3: USING D5376-1 DRILLING JIG**



D5376-1 DRILLING JIG IS ONLY USED WITH SKIDTUBE ASSEMBLIES:  
 - D119-646-011/-012/-041/-111/-112/-141/-241 CHG 004 AND PRIOR  
 - D119-646-211/-212 CHG 005 AND PRIOR

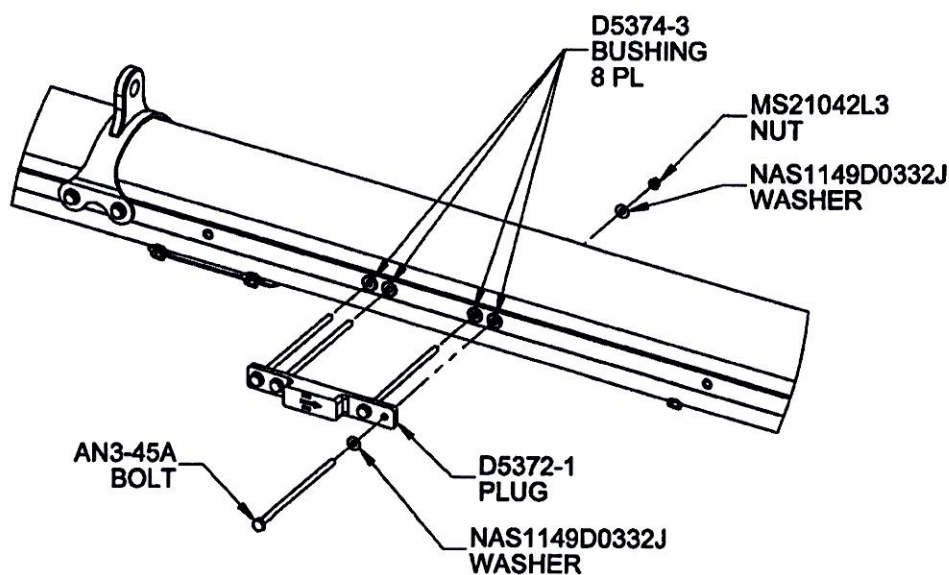
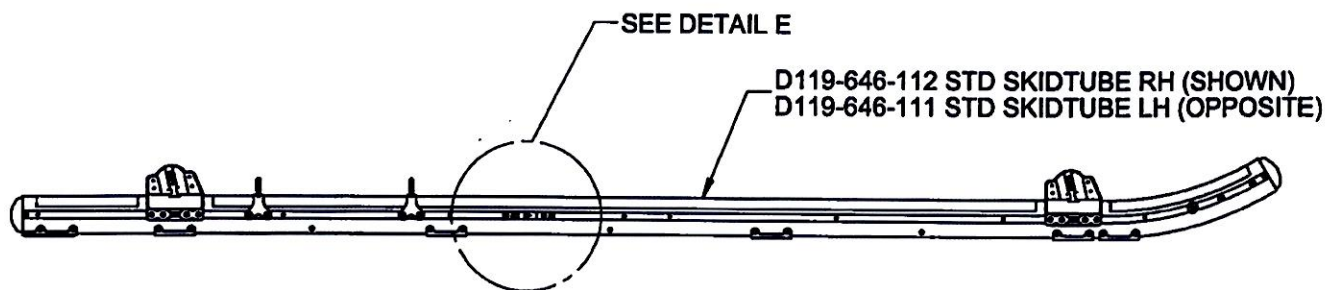
APPROVED

|            |          |
|------------|----------|
| DESIGN     | RF       |
| DRAWN      | WK       |
| CHECKED    | VS       |
| MFG. APPR. | N/A      |
| APPROVED   | VS       |
| DE APPR.   | DS       |
| DATE       | 17.02.16 |

**DART AEROSPACE USA, INC.**  
 EUGENE, OR

DRAWING NO. REV. B  
**DSI 9734**  
 SHEET 7 OF 10  
 TITLE SCALE  
**SKIDTUBE PROTECTOR KIT** NTS

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### DETAIL E

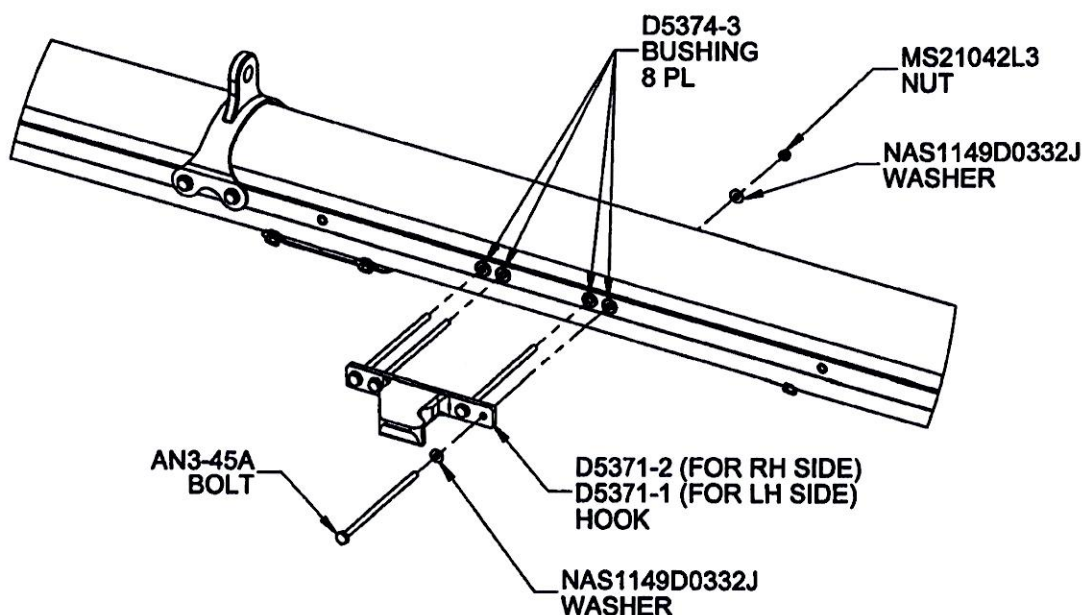
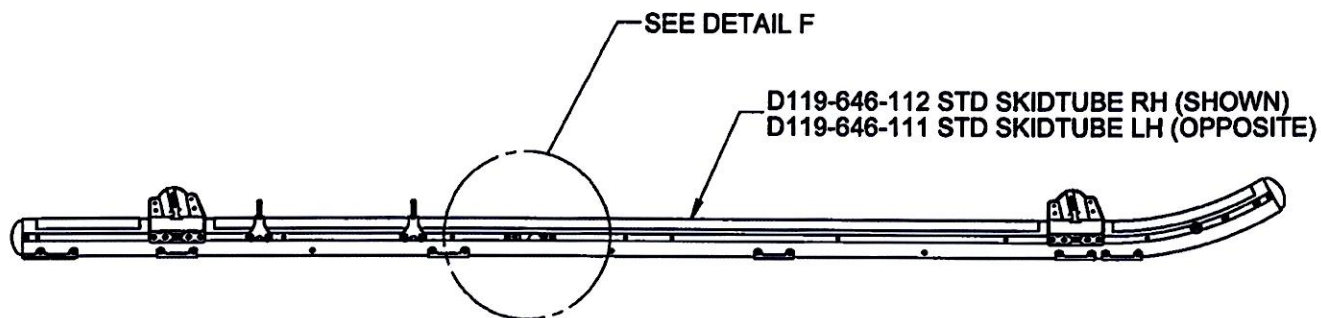
**FIGURE 4: D5372-1 PLUG INSTALLATION**



D5374-3 BUSHINGS ARE ONLY USED WITH SKIDTUBE ASSEMBLIES:  
 - D119-646-011/-012/-041/-111/-112/-141/-241 CHG 004 AND PRIOR  
 - D119-646-211/-212 CHG 005 AND PRIOR

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|            |          |                                                                                                                                                                                                                                                                                                    |               |
|------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| DESIGN     | RF       | <b>DART AEROSPACE USA, INC.</b><br>EUGENE, OR                                                                                                                                                                                                                                                      |               |
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| CHECKED    | VS       | DRAWING NO.                                                                                                                                                                                                                                                                                        | REV. B        |
| MFG. APPR. | N/A      | DSI 9734                                                                                                                                                                                                                                                                                           | SHEET 8 OF 10 |
| APPROVED   | VS       | TITLE                                                                                                                                                                                                                                                                                              | SCALE         |
| DE APPR.   | DS       | SKIDTUBE PROTECTOR KIT                                                                                                                                                                                                                                                                             | NTS           |
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### DETAIL F

**FIGURE 5: D5371-1/-2 HOOK INSTALLATION**



D5374-3 BUSHINGS ARE ONLY USED WITH SKIDTUBE ASSEMBLIES:  
 - D119-646-011/-012/-041/-111/-112/-141/-241 CHG 004 AND PRIOR  
 - D119-646-211/-212 CHG 005 AND PRIOR

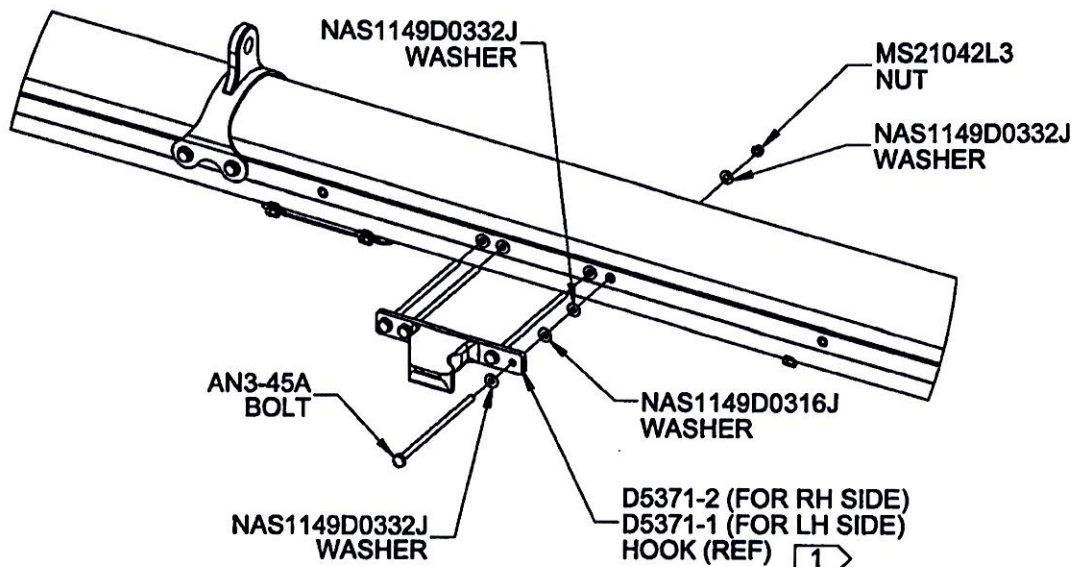
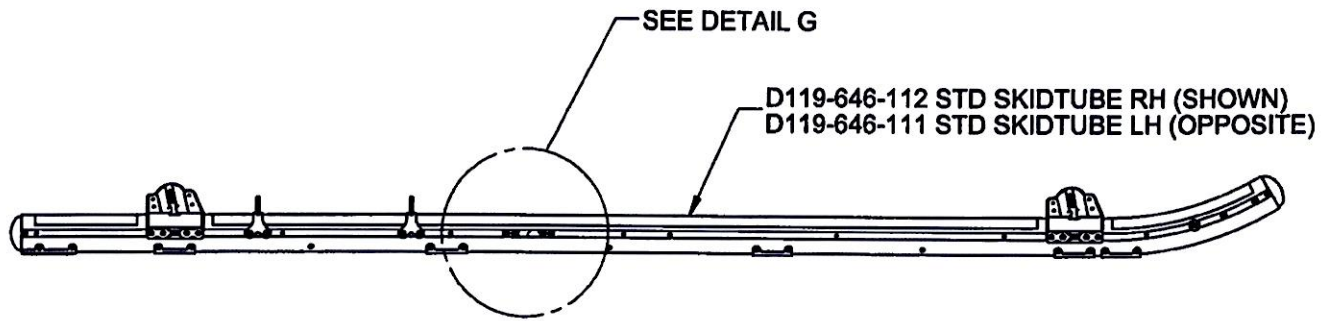
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| DESIGN     | RF       | <b>DART AEROSPACE USA, INC.</b><br>EUGENE, OR                                                                                                                                                                                                                                                      |               |
| DRAWN      | WK       |                                                                                                                                                                                                                                                                                                    |               |
| CHECKED    | VS       | DRAWING NO.                                                                                                                                                                                                                                                                                        | REV. B        |
| MFG. APPR. | N/A      | DSI 9734                                                                                                                                                                                                                                                                                           | SHEET 9 OF 10 |
| APPROVED   | VS       | TITLE                                                                                                                                                                                                                                                                                              | SCALE         |
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**NOTES:**

1) D5371-1/2 HOOK ASSEMBLY SHOWN, D5372-1 PLUG ASSEMBLY SIMILAR.

**DETAIL G****FIGURE 6: HOOK & PLUG INSTALLATION**

NAS1149D0316J and NAS1149D0332J WASHER BUILDUP IS ONLY USED WITH SKIDTUBE ASSEMBLIES:

- D119-646-011/-012/-041/-111/-112/-141/-241 CHG 005 AND SUBSEQUENT
- D119-646-211/-212 CHG 006 AND SUBSEQUENT

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|            |          |                                                                                                                                                                                                                                                                                     |                |
|------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| DESIGN     | RF       | <b>DART AEROSPACE USA, INC.</b><br>EUGENE, OR                                                                                                                                                                                                                                       |                |
| DRAWN      | WK       |                                                                                                                                                                                                                                                                                     |                |
| CHECKED    | VS       | DRAWING NO.                                                                                                                                                                                                                                                                         | REV. B         |
| MFG. APPR. | N/A      | DSI 9734                                                                                                                                                                                                                                                                            | SHEET 10 OF 10 |
| APPROVED   | VS       | TITLE                                                                                                                                                                                                                                                                               | SCALE          |
| DE APPR.   | DS       | SKIDTUBE PROTECTOR KIT                                                                                                                                                                                                                                                              | NTS            |
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November 10

Re-work per DSI 9734

17-6-6

Order ID 149704

\*149704\*

U/R

OK 9/16/17/27

Page 1

Item ID: D119-646-241  
Revision ID: URF 15-560  
Item Name: Replacement Skidtube with Run-on Landing Wearplates, Fits LH or RH

Accept

\*N9000040100\*

Setup Start \*NS1\*

Stop \*NS2\*

Start Date: 8/12/2016 Start Qty: 1.00 \*1\*

Cust Item ID:

Required Date: 8/17/2016 Req'd Qty: 1.00 \*1\*

Customer:

Reference:

Approvals: Process Plan: dm Date: 10/07/2016 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description                              | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|-------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr                                          |                      |         |        |              |               |               |                  |                |
| D3887-045                      | D                                                     |                      |         |        |              |               |               |                  |                |
| IIN-D119-646                   | C                                                     |                      |         |        |              |               |               |                  |                |
| 100                            | Document Control                                      | 0.00                 |         |        |              |               |               |                  |                |
| *100*                          |                                                       |                      |         |        |              |               |               |                  |                |
| DC                             | Memo                                                  | 0.00                 |         |        |              |               |               |                  |                |
| Doc.Control -USB or Paperwork  | Photocopy bluefile & type labels per PPP D119-646-241 |                      | CHG003  |        |              |               |               |                  |                |

DAS  
5  
9-89

AUG 23 2017

110 0.00

\*110\*

Skidtubes

Skidtubes

Memo

- 1- inspect Mat'L D2500-1-190 for damage
- 2-Cut tube to length as per dwg D3887 (154.8")
- 3- Ensure squareness of ends and scribe batch#

0.07

16-10-13